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SOUTHEND-ON-SEA CITY COUNCIL

People Scrutiny Committee

Date: Tuesday, 29th November, 2022

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 11 October 2022
- **** **ITEMS CALLED IN/REFERRED DIRECT BY CABINET - 8 NOVEMBER 2022**
- 5 **SEND Strategy** (Pages 7 - 38)
Minute No. 458 (Cabinet Book 2, Agenda Item No. 11 refers)
Called-in by Councillors Cox and Davidson
- 6 **Annual Safeguarding Report** (Pages 39 - 142)
Minute No. 463 (Cabinet Book 3, Agenda Item No. 16 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 **Mid & South Essex Integrated Care System - Service Harmonisation Consultation** (Pages 143 - 226)
Report of Mid and South Essex Integrated Care System attached.
- 8 **Children's Services Improvement Board**
To receive a presentation from the Executive Director (Children and Public Health).

9 Passenger Transport Services - Performance Monitoring

(Pages 227 - 252)

At its meeting on 25 November 2021, the Council requested that a report on the monitoring of the performance of Vecteo be made to each meeting of the People Scrutiny Committee.

Report of Interim Executive Director (Neighbourhoods and Environment) attached.

10 In-Depth Scrutiny Project 2022/23 - 'Providing First Class Services for Families with Children with Special Educational Needs & Disabilities'

To receive an update on the progress of the in-depth scrutiny project for 2022/23.

TO: The Chair & Members of People Scrutiny Committee:

Councillor L Salter (Chair),

Councillors N Folkard (Vice-Chair), B Beggs, M Berry, T Cowdrey, T Cox, A Dear, K Evans, J Harland, L Hyde, B Hooper, D Jones, K Murphy, M O'Connor, I Shead, M Stafford and A Thompson

Co-opted members

Church of England Diocese

Revd. Canon L Williams (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

A Quinn (Non-Voting)

Healthwatch Southend

O Richards (Non-Voting)

Southend Carers Forum

T Watts (Non-Voting)

Observers

Southend Youth Council

Public Document Pack

SOUTHEND-ON-SEA CITY COUNCIL

Meeting of People Scrutiny Committee

Date: Tuesday, 11th October, 2022

Place: Council Chamber - Civic Suite

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Present: Councillor L Salter (Chair)
Councillors N Folkard (Vice-Chair), M Berry, T Cowdrey, T Cox, A Dear, K Evans, J Harland, L Hyde, B Hooper, D Jones, J Moyies*, M O'Connor, I Shead, M Stafford and A Thompson

*Substitute in accordance with Council Procedure Rule 31.

In Attendance: Councillors L Burton, K Mitchell and S Wakefield (Cabinet Members), J Burr, G Bloom, N Hoskins, B Leigh, M Marks and S Tautz
G Shuttleworth (Vecteo)

Start/End Time: 6.30 pm - 8.50 pm

345 Apologies for Absence

Apologies for absence were received from Councillor B Beggs (Substitute: Councillor J Moyies) and Councillor K Murphy (no substitute).

346 Declarations of Interest

The following interests were declared at the meeting:

- (a) Councillors L Burton, K Mitchell and S Wakefield (Cabinet Members - Interest in the referred items; attended pursuant to the dispensation agreed at Council on 19 July 2012, under S.33 of the Localism Act 2011.
- (b) Councillor T Cowdrey – Minute 350 (Resourcing Better Outcomes - Finance and Corporate Performance Report 2022/23) - Member of Southend Fostering Panel.
- (c) Councillor T Cowdrey – Minute 351 (Options for the Procurement of the Voluntary Sector Infrastructure Contract) - Practice educator for social work student at Citizen's Advice.
- (d) Councillor T Cowdrey – Minute 355 (SEND Peer Review) and Minute 356 (Passenger Transport Services - Performance Monitoring) - Practice educator for social work student at St. Nicholas Special School.
- (e) Councillor K Evans – Minute 351 (Options for the Procurement of the Voluntary Sector Infrastructure Contract) - Family member employed by the Trust Links mental health and wellbeing charity.
- (f) Councillor B Hooper - Minute 355 (SEND Peer Review) - Director of Blade Education, a not-for-profit company that works with local SEND children and MENCAP.
- (g) Councillor L Burton (Cabinet Member) - Minute 356 (Passenger Transport Services - Performance Monitoring) - Employed as a teacher at a school outside Southend-on-Sea that has pupils that are resident within the City.

(h) Councillor K Mitchell (Cabinet Member) - Minute 351 (Options for the Procurement of the Voluntary Sector Infrastructure Contract) – The Council's appointed representative on the Southend Association of Voluntary Services Board and the Chair of the 'Hamlet Court Road in Harmony' group that has received Community Investment Board funding.

347 Essex Partnership University NHS Trust

With the agreement of the Chair, the Cabinet Member for Adult Social Care and Health Integration advised the Committee of the action taken to address concerns about mental health services provided by the Essex Partnership University NHS Foundation Trust (EPUT) following the broadcast of the Channel 4 'Dispatches' programme on 10 October 2022 and the publication of articles in the press.

The Cabinet Member reminded members that the Integrated Care System (ICS) for Mid and South Essex commissioned mental health services for residents of Southend-on-Sea from EPUT and that in her capacity as Portfolio Holder and Chair of the Health and Wellbeing Board, she had written to the Chief Executive of the ICS Board to seek details of the formal response of the ICS to the risks identified by the media, the assurance processes that EPUT had put in place and action to be taken should the quality of care not improve.

The Cabinet Member assured the Committee that she would keep members updated on this matter as appropriate.

348 Questions from Members of the Public

The Committee noted the response of the Cabinet Member for Adult Social Care and Health Integration and the Cabinet Member for Children, Learning and Inclusion, to questions presented by Mr D Webb.

349 Minutes of the Meeting held on 31 August 2022

Resolved:

That subject to the inclusion of Councillor B Hooper (no substitute) in the report of members presenting apologies for absence, the minutes of the meeting of the Committee held on 31 August 2022 be confirmed as a correct record and signed.

350 Resourcing Better Outcomes – Finance and Corporate Performance Report 2022/23 – Period 4

The Committee considered Minute 314 of the meeting of the Cabinet held on 29 September 2022, which had been referred directly to each of the scrutiny committees, together with a report of the Executive Director (Finance and Resources) reviewing the Council's financial performance.

The relevant Cabinet Members undertook to provide written responses to questions raised by members of the Committee with regard to the following:

- The forecast overspends on Adult Social Care for 2022/23 and whether the budget is on-track for the year.
- The composition, work programme and reporting arrangements of the Council's Workforce Transformation Panel, including the delivery of the 'Service Delivery Change Programme.'
- The effect on relevant service provision of the nationally agreed increases in allowances and annual leave entitlement for local government officers.

Resolved:

That the following recommendations of the Cabinet be noted:

“That, in respect of the 2022/23 Revenue Budget Performance as set out in appendix 1 to the submitted report:

1. That the forecast outturn for 2022/23 for the General Fund and the Housing Revenue Account as at 31 July 2022, be noted.
2. That the management action taken and to be taken to reduce the forecast overspend of the Council’s revenue budget for 2022/23, be noted.
3. That the transfer of £500,000 from HRA reserves to support the increase in repairs and maintenance costs, be approved.
4. That the planned budget transfers (virements) of £2,327,766 from earmarked reserves, as set out in the report, be approved.

That, in respect of the 2022/23 Capital Budget Performance as set out in appendix 2 of this report:

5. That the expenditure to date and the forecast outturn as at 31 July 2022 and its financing, be noted.
6. That the requested changes to the capital investment programme for 2022/23 and future years, as set out in section 4 of appendix 2 to the report, be approved.
7. That the Corporate Performance Report as at 31 July 2022 set out in appendix 3 to the report, be noted.”

Note: This is a Council Function

Cabinet Members: Councillors S George and P Collins

351 Options for the Procurement of the Voluntary Sector Infrastructure Contract

The Committee considered Minute 319 of the meeting of the Cabinet held on 29 September 2022, which had been referred directly to the Committee for scrutiny, together with a report of the Executive Director (Adults and Communities) presenting options for the re-procurement of the Voluntary Sector Infrastructure Contract.

Resolved:

That the matter be referred back to the Cabinet for reconsideration, with a request to address the concerns of the Committee in regard to the possible impact of the proposed financial envelope for the Southend Infrastructure Service on the local community and voluntary sector .

Note: This is an Executive Function

Cabinet Member: Councillor K Mitchell

352 School Admissions Arrangements for Community Schools 2024/25; the Coordinated Admission Scheme for Academic year 2024/25; and Review of the relevant area

The Committee considered Minute 323 of the meeting of the Cabinet held on 29 September 2022, which had been referred directly to the Committee for scrutiny, together with a report of the Executive Director (Children and Public Health) presenting the admission arrangements for Community Schools for the academic year 2024/25 and the Coordinated Admissions Scheme for 2024/25.

Resolved:

That the following decisions of the Cabinet be noted:

“1. That the proposed Admissions Arrangements for Community Schools for the academic year 2024/25, set out in Appendix 1 to the submitted report, be approved.

2. That it be noted that consultation with governing bodies of Community Schools takes place on the published admission number (PAN) for community infant, junior and primary schools for September 2024, as set out in the Admission Arrangements in Appendix 1 to the report.

3. That the proposed Coordinated Admissions Scheme for 2024/25 onwards, as set out in Appendix 2 and Appendix 3 of the report, be approved.

4. That any minor changes after School Governor consultation be ratified by the Executive Director (Children and Public Health) in December 2022 for publication as required by law on 1 January 2023.

5. That the relevant area for schools as follows: Southend, Castle Point and Rochford for 2025 and 2026, be approved.”

Note: This is an Executive Function

Cabinet Member: Councillor L Burton

353 SO46 Report

The Committee considered Minute 326 of the meeting of the Cabinet held on 29 September 2022, which had been referred directly to the relevant scrutiny committee, together with a report setting out action that had been taken by the Director of Regeneration and Growth in accordance with Council Procedure Rule 46.

Resolved:

That the following decision of the Cabinet be noted:

“That the submitted report be noted.”

Note: This is an Executive Function

Cabinet Member: As appropriate to the item

354 Community First Responder Volunteer Programme

The Committee received a brief presentation from Dr Else Desmond and Carl Carrington of the East of England Ambulance Service NHS Trust, on the Community First Responder Volunteer Programme.

The Committee also received a demonstration of the Raizer 2 Emergency Lifting Chair utilised by Community First Responders as part of the Trust’s Falls Response initiative.

Resolved:

That the appreciation of the Committee for their informative presentation and demonstration, be conveyed to Dr Desmond and Mr Carrington.

355 SEND Peer Review

The Committee considered a report of the Executive Director (Children and Public Health), setting out current progress on the delivery of the Implementation Plan arising from the findings and recommendations identified by the Local Government Association in its Independent Peer Review of the Council's provision of Special Educational Needs and Disabilities (SEND) and Children with Disability services.

The Executive Director (Children and Public Health) undertook to provide a written response to a question raised by a member of the Committee, with regard to the current level of completion of training by councillors in respect of the challenges of working with residents with SEND issues and awareness of the Education, Health and Care Plan process.

The Executive Director (Children and Public Health) also agreed to provide all members of the Committee with a copy of the current version of the 'Threshold of Need' pathway document that was being updated in response to the recommendations arising from the Peer Review.

Resolved:

That the report be noted.

Note: This is a Scrutiny function

356 Passenger Transport Services - Performance Monitoring

The Committee received a report in relation to the ongoing monitoring of the performance of the Vecteo Joint Venture Company established for the provision of passenger transport services.

Resolved:

That the report be noted.

Note: This is a Scrutiny function.

357 In-Depth Scrutiny Project 2022/23 - 'Providing First Class Services for Families with Children with Special Educational Needs & Disabilities'

The Committee received an update on progress with regard to the in-depth scrutiny project for 2022/23.

It was reported that an initial meeting of the Project Team for the in-depth scrutiny project had recently been held, to identify the scope of the project and to develop an achievable project plan and work programme for the remainder of the year. The Committee was advised that Councillor T Cox had been appointed as Chair of the Project Team.

Resolved:

That the project plan and work programme for the in-depth scrutiny project be agreed.

Note: This is a Scrutiny function

Chair: _____

Southend-on-Sea City Council

Executive Director (Children and Public Health)

To

Cabinet

On

8th November 2022

Report prepared by: Gary Bloom
Head of Special Educational Needs and Disabilities (SEND)

Agenda
Item No.

5

Southend SEND Strategy 2022-2025

People Scrutiny Committee
Cabinet Member: Councillor Burton
Part 1 (Public Agenda Item)

1. Purpose of Report

- 1.1 The Special Educational Needs and Disability (SEND) offer across Southend is delivered by and involves a range of partners, but the offer is led by the Local Authority and Health and is subject to inspection by Ofsted and the Care Quality Commission (CQC). Following the LGA Peer review of the Council's SEND and Children with Disability (CWD) services it was agreed that a new SEND strategy for the Southend area was needed, and work was undertaken to revise, review and co-produce a new Southend SEND strategy.
- 1.2 The attached new strategy has been considered at the Southend SEND Strategic Partnership Board and the Education Board in November. This report is seeking Cabinet approval to publish the Southend SEND Strategy 2022-25 in a range of accessible media including print, electronic and video.

2. Recommendations

It is recommended that Cabinet:

- 2.1 **Agree the content and format of the Southend SEND Strategy 2022-25; and**
- 2.2 **Agree that the strategy is produced in an accessible document, which can be shared in a variety of formats in order to engage a range of audiences.**

3. Background

- 3.1 The previous SEND Strategy "Success for All" covered the period 2016-19 which spanned the Joint Area SEND Inspection undertaken by Ofsted and the Care Quality Commission in October 2018. As a result of the Inspection the Council and the then named Clinical Commissioning Group (now Integrated Care System) were required to prepare a joint Written Statement of Action determining how the SEND Partnership were going to address and measure the impact of

four areas of weakness. This Written Statement of Action outlined the Three Year Journey for SEND that would lead to an improvement journey and resolve those four areas of weakness.

- 3.2 The revisit by Ofsted and CQC in May 2021 recognised sufficient improvement in three of the four areas of weakness. One of the actions undertaken to improve previous weaknesses was to strengthen the governance arrangements around SEND and to develop a new partnership strategy.
- 3.3 Developing a new SEND Strategy began at a SEND Summit in April 2021 but work on it was delayed following agreement at a Special Council meeting for an independent LGA peer review of the Council's SEND and CWD service which took place in October 2021 and reported its findings and recommendation to Cabinet in January 2022.
- 3.4 The LGA peer review included a recommendation on the new SEND strategy to ensure that it was co-produced and had children and their families at the centre of the strategy.
- 3.5 As a result of that recommendation the Southend SEND Strategic Partnership has ensured that coproduction is at the heart of the Strategy involving children and young people with SEND and their families at every stage. This has included checking back frequently to ensure agreement with the way the Strategy was developing. The five identified priorities in the strategy are what children and young people with SEND and their families told us was important to them and this helped determine what our core commitments are.

Transitions	Children and young people are prepared and supported to thrive at each change in their lives, helping them to feel secure and confident
Early Intervention	Identification, assessment and effective support are provided at the earliest opportunity.
Plans	EHCPs and other plans for children and their families have the young person at the centre, are well co-ordinated, co-produced, timely, and lead to well informed and effective support, which is regularly monitored and reviewed
The Local Offer	Southend's Local Offer website is a widely and easily accessible resource that signposts to a range of universal, targeted and specialist support services and high quality provisions for Children and Young People with SEND and their families.
Good Mental Health and wellbeing	Children and young people are provided with the best chance to achieve positive mental health, be happy and thrive within their family, education and social lives, develop their potential, build strong relationships and contribute to their community.

- 3.6 The new Strategy identifies the key actions required to deliver these priorities and these will be expanded upon with a more detailed success measures document in an accompanying action plan.

- 3.7 Children and young people with SEND and their families told us they wanted to access the Strategy in a variety of ways and once the content is approved work will be undertaken to make this possible.

4. Other Options

- 4.1 The SEND Partnership could continue to operate without a formal published Strategy or subsume the SEND Strategy into a wider Council Strategy.

5. Reasons for Recommendations

- 5.1 It is recommended and widely acknowledged that SEND is a joint area responsibility encompassing partners from Education, Health and Care and the children, young people and families they support and therefore a specific coproduced SEND Strategy outlining priorities for the next 3 years is recommended.

6. Corporate Implications

- 6.1 The SEND Partnership Strategy makes a significant contribution to the Southend 2050 Road Map.
- 6.2 The intention is to deliver the Strategy from within existing revenue and capital resources, however work undertaken as part of the SEND Strategy may highlight the need for e.g. provision development or service redesign.
- 6.3 Any areas of additional expenditure that are identified which cannot be funded from existing available resources will be sought through identified governance routes.
- 6.4 No identified Legal Implications.
- 6.5 No identified People Implications.
- 6.5 No identified Property Implications although SEND Provision Development opportunities may be sought.
- 6.6 The draft SEND Strategy has been co-produce and there has been on going already public consultation with various groups, stakeholder and partner agencies and the attached new Strategy and has been updated in line with the response to that engagement.
- 6.7 No identified Equalities and Diversity Implications.
- 6.8 Risk Assessment – The SEND Risk Log is reviewed regularly as part of the SEND governance process, oversight resting with the SEND Strategic Partnership Board.
- 6.9 Financial Implications for the cost of publishing the strategy will be managed within existing resources. As the strategy develops into action plans, any further

resource implications in relation to the direct education provision for SEND children and young adults with Education Health and Care Plans will fall to the decision of the Education Board. By way of a reminder, the Education Board / Schools' Forum is a statutory body under delegated direction of the Council who in turn oversee the governance, consultation and oversight of the Dedicated Schools Grant and the High Needs block funding within. The Education Board, which is also a published forum have also already agreed resource prioritisation subject to action plans for the expansion of key areas in relation to the direct education provision for SEND within funding available, and therefore the SEND Strategy will be managed within that framework. Any revised considerations that may fall to the SEND team, which are a statutory Council funded service will have to be continually managed within existing resources given the unfortunate strain and recognised cost pressures on Council resources.

6.10 No identified Community Safety Implications.

6.11 No identified Environmental Impact.

7. Appendices

7.1 SEND Strategy (attached).

8. Background Papers

8.1 None.

Southend Special Educational Needs and Disability (SEND) Strategy 2022–2025



**Helping children and young people with
SEND in Southend.**

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1. Introduction

Welcome to the 2022 to 2025 Southend Special Educational Needs and Disabilities (SEND) Partnership Strategy for children and young people aged 0 to 25.

This SEND partnership strategy outlines our five key priorities and our aims and ambitions, all of which focus on improving the lived experiences of children and young people with SEND and their families.

Much has been done to improve services for children and young people with SEND since October 2018, when the Care & Quality Commission (CQC) and Ofsted carried out a Local Area joint inspection of the SEND offer in Southend. Four areas of weakness were identified, and the Southend SEND Partnership was formed to oversee the journey of improvement, so that children and young people with SEND in Southend and their families have better experiences.

In 2021 the progress and the difference made was recognised, but the need to keep improving remains.

This strategy has been informed by public consultation and was co-produced by the SEND Strategic Partnership. It builds on existing work and shows what will be done to ensure the SEND offer continues to improve.

Feedback from families tell us that the priorities set out here are important to them. We expect that children and young people with SEND and their families will feel the impact of the work of the Southend SEND Partnership.

2. What are special educational needs and disabilities?

A child or young person has SEND if they have a learning difficulty or a physical or mental impairment which has a long-term and substantial adverse effect on their ability to carry out normal day-to-day activities, which calls for special educational provision to be made for them.

This is a combined definition from the Children and Families Act 2014 and the Equality Act 2010. These Acts guide the responsibilities and statutory duties of the Southend SEND Partnership to ensure that children and young people have the support they need.

We asked some local children and young people **“What does having SEND actually mean for you?”**

They told us:

“I am comfortable and happy at home or at school but outside in the community it is more difficult.”

“Having special needs affects your confidence quite a lot.”

“You feel the need to prove yourself.”

“People judge before getting to know you.”

“Having SEND is helpful in school as people understand and I have support to get involved.”

They told us they want:

“To be in control and choose what I want to do, feeling welcome”

“Look forward to each day as it comes!”

“A feeling of belonging and inclusion in the school and local community

The Southend SEND Partnership is committed to working together to make things better for children and young people with SEND

3. Local context

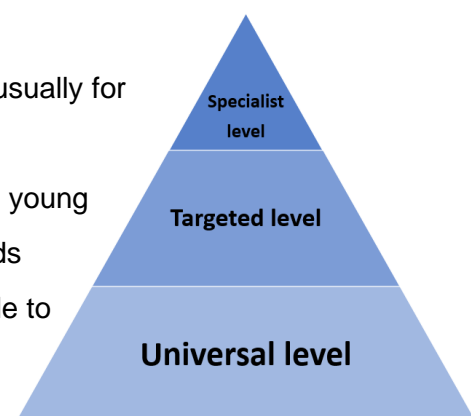
Southend City Council (SCC); the Mid and South Essex Integrated Care System (ICS) and Essex Partnership University Trust (EPUT) work alongside a range of schools and settings, providers, partners, voluntary organisations and other stakeholders to provide high quality provision for all children and young people with SEND.

To understand the prevalence of special educational need across Southend this section provides data about the numbers of children and young people with SEND and their needs* and some context on the range of provision available across education, health, social care and local services at a universal, targeted and specialist level.

Specialist level – services or provision that is highly specialist and usually for children or young people with significant and complex needs

Targeted level – services or provision that is offered to children and young people who need targeted support for a specific type or level of needs

Universal level – services or provision that is offered and is available to all children and young people.



SEN Support

Pupils who have an identified SEN need and require additional (targeted) provision in school are categorised as receiving SEN Support.

Data from the January 2022 schools census shows us those pupils who are recorded as receiving SEN Support in Southend:

- There were 2,966 children at SEN support in our local schools; this equates to 9.25% of the school population.
- This is 3.30% lower than the national average of 12.55%.
- 63% of those pupils at SEN support are male, which is consistent with the national picture.
- The largest cohort of pupils at SEN Support are in year 5 (10.9%).
- Pupils at SEN Support eligible for free school meals is 40.8%, above the national average of 36.4%.

Education Health and Care Plans

Education, Health and Care Plans (sometimes called an EHC Plan or EHCP) are for children and young people up to the age of 25 who require special educational provision (*over and above that which is provided at universal and targeted level*), to meet their special educational needs.

Data from the January 2022 schools census shows those pupils who have an EHC Plan in Southend schools:

- The largest cohort of pupils with an EHC plan are in year 6 (10.1%)
- Pupils with an EHC plan that are eligible for free school meals is 43.3%, compared to 39.7% nationally
- 75% of pupils with an EHC plan are male which is consistent with the national picture.
- The percentage of pupils who have an Education Health and Care plan attending Southend schools is 3.71%
- This is similar to the national average of 3.95%
- Approximately 180 pupils with a Southend maintained EHC plan attend out of area schools
- Approximately 10 pupils with an EHCP are Electively Home Educated
- Of all pupils in Southend special schools, 86% have a Southend maintained EHC plan.

As of September 2022 Southend maintained 1,545 EHC plans.

When looking at the combined picture of all pupils at SEN Support and with EHC plan we know that prevalence of SEND in Southend is highest amongst primary age pupils and drops off in older years groups. This has been consistent over the past 3 years. The percentage of all SEND pupils in Southend schools categorised as having a Social, Emotional and Mental Health primary need is 21.6% (2022) and is the most prevalent need in Southend.

**Different time points for data collection and reporting periods mean that there is not a consistent time point at which data is reported, for example a mixture of calendar, academic and financial years. The schools Census and the DfE SEN2 return, provides the major source of data collected on children and young people with SEND and is published here. This data has been used alongside with Southend's internal reporting dashboard. Some figures have been rounded to the nearest 10 to comply with suppression rules.*

Education Provision

In Southend there is a wide range of educational provision to meet pupil need at a universal, targeted or specialist level:

- 45 mainstream schools spanning infant to secondary age,
- 3 independent schools,
- 5 special schools,
- A special free school, colleges and a university.

As of August 2022 100% of LA Maintained schools (all primary phase) were judged Good or Outstanding in addition to 94% of Primary phase, 83% of Secondary phase and 80% of Special schools (*published on the Ofsted website*)

Southend's special schools cater for a range of needs and age groups:

Kingsdown School	Type of need - Physical Difficulties, Profound & Multiple Learning Difficulties, Severe Learning Difficulties	Age range 3-14 years	120 places
Lancaster School	Type of need - Physical Difficulties, Profound & Multiple Learning Difficulties, Severe Learning Difficulties	Age range 14-19 years	100 places
St Nicholas School	Type of need - Autism, Moderate Learning Difficulties	Age range 11-16 years	92 places
Sutton House Academy	Type of need – Social Emotional and Mental Health	Age range 5-16 years	65 places
St Christopher School	Type of need - Autism Spectrum Disorder, Moderate Learning Difficulties, Social Emotional and Mental Health	Age range 3-19 years	235 places

Alternative Education Provision in Southend is made by the 2 following registered settings

Victory Park Academy	Type of need – Social Emotional and Mental Health	Age range 5-16 years	85 places
Southend YMCA Community School (<i>free school</i>)	Type of need: pupils who have, by reason of illness, disability, social, emotional or mental health issues, require alternative educational arrangements	Age range 14-18 years	50 places

In addition to mainstream and specialist settings Southend Local Authority commission a number of resource bases (sometimes called Enhanced Provision) that provide targeted support for pupils with:

- Autism
- Speech, Language and Communication Needs
- Learning Difficulties

Hamstel Infant School	Autism Resource Base	Age Range 3 - 7	3 places
Temple Sutton Primary School	Autism Resource Base	Age Range 3 - 11	12 places
Blenheim Primary School	Autism Resource Base	Age Range 3 - 11	12 places
Greenways Primary School	Autism Resource Base	Age Range 4 - 11	12 places
Southend High School for Boys	Autism Resource Base	Age Range 11 - 16	15 places
Fairways Primary School	Speech, Language and Communication Resource base	Age Range 4 - 11	15 places
Chase High School	Learning Resource Base	Age Range 11 - 16	12 places
Shoeburyness High School	Learning Resource Base	Age Range 11 - 16	18 places

There are a number of pupils that are Electively Home Educated (EHE) in Southend. As of 1st September 2022 there were 403 pupils recorded as EHE.

In Southend there are many post-16 options offering AS/A-levels, vocational qualifications at all levels, apprenticeships, traineeships, supported internships and bespoke packages of learning. There are also 16 to 19 academies, and vocational learning and training providers

The local area encompasses:

- School sixth forms (both mainstream and special schools)
- South Essex College - a further education college offering a variety of courses, apprenticeships and supported internships.

- Southend Adult Community College offers apprenticeships and SEND provision in addition to their specialist Westcliff Centre for 19-21 year olds.

Social Care and Early Help

There is a range of support available for families requiring Social Care input.

- At a universal level 0-19 Early Help Family Support (EHFS) Service provide for children, young people and their families with a range of needs including parenting, family support and youth work. All children and young people are assessed and supported according to their individual specific needs, whether that is SEND, diagnosed or not.
- At a targeted level all new referrals to children's social care are received via MASH+ (the Multi Agency Safeguarding Hub) and assessed against statutory thresholds and duties for social care intervention and eligibility criteria. The eligibility criteria must be met to receive paid services, including personal budgets which are agreed at a resource allocation panel that makes the decision on financial care packages.
- Teams and services across statutory Children's Social Care operate at a specialist level. One of the teams within the department is the Children with Disabilities Team which provides assessment, support and intervention for children and young people with SEND from the ages of 0 – 18 that are severely disabled and meet the eligibility criteria for the team. The team works with children, young people, and their families to ensure that they are supported to have every chance of achieving success through to adulthood. The team is based at the Lighthouse Development Centre and is one of a several providers based at the Centre supporting children with disabilities meaning that children, young people, and their families are provided with a fully inclusive service.

The Children with Disabilities Team support children with various care packages that may consist of direct payments for Personal Assistance support, care or activities at home, care or activities away from home such as after school or holiday clubs; or overnight (short term) breaks away from home.

The Children with Disabilities Team will link closely with all professionals involved in the young person's life from Health, Education and Adult Services and facilitate a transition for a child/young person into adult services beginning preparation from the age of 14 years to the transfer to adult services.

Health provision

Health services for children and young people including those with SEND are delivered at a universal, targeted and specialist level and include the following services:

- Universal care is provided by Primary Care Networks and GP practices
- Children, Young People and Families 0-19 Public Health Services (Southend City Council) offers a universal service for all families, children, and young people which includes Health Visiting and School Nursing. They also offer targeted services for the following:
 - The Health Visitor targeted pathways for those children that have specific needs.
 - A Specialist Public Health Nurse (SCPHN) for children with Special Educational Needs in mainstream school.
 - Specialist Public Health Nurse (SCPHN- EHE) for children who are Home Educated.
- Targeted provision from GP practices for Learning Disability Health Checks (from 14 years of age)
- A Better Start Southend (ABSS) offer targeted Speech and Language Therapy through the Let's Talk programme provided in 6 ABSS ward areas of Southend.
- The Family Nurse Partnership provides a targeted offer for those under 20 expecting their first baby. A family nurse offers pregnancy support, after the birth advice and guidance for up to 2 years.
- The multi-disciplinary team at Lighthouse Child Development Centre provided by Essex Partnership University Foundation Trust (EPUT) offer targeted and specialist services for:
 - Specialised outpatient care for children and young people up to the age of 19 years of age with significant delay or concern and have, or are likely to require, the support from more than one service or discipline.
 - Targeted and specialist support from Community Paediatricians, Physiotherapy, Occupational Therapy and Speech and Language Therapy
 - An integrated pathway for neurodevelopmental assessment for children and young people with suspected Autism and Attention Deficit Hyperactivity Disorder (ADHD) pathways or other neurodevelopmental needs.
- The core mental health service for children and young people up to 19 years of age (up to 25 if they young person has an EHCP) is Southend Essex and Thurrock (SET) Child and Adolescence Mental Health Service (CAMHS). SET CAMHS offer targeted and specialist community-based assessment and treatment. The service is provided

by North East London Foundation Trust (NELFT) and includes a central single point of access (SPA) for referrals providing clinical triage leading to; advice and guidance, onward referral to specialist teams (i.e. Eating Disorder, Learning Disability etc.), locality teams and signposting to other services.

- NELFT also provide targeted support in Southend through Mental Health in Schools Teams (MHST). Targeted support is currently offered across 8 mainstream school settings and one further education setting as part of a national pilot.
- Southend University Hospital Foundation Trust (SUHFT) as part of Mid and South Essex Partnership Foundation Trust (MSEFT) offer targeted and specialist services from urgent and emergency treatment, acute paediatric care, outpatient and audiology services
- Specialist referral routes with regional condition specific tertiary centres such as Great Ormond Street, South London & Maudsley, Evelina and Addenbrookes NHS Foundation Trusts.
- Essex Partnership University Trust (EPUT) offer a range of targeted and specialist community paediatric services to support the needs of children and families in Southend:
 - The Paediatric Community Nursing Team provides clinical nursing care for children with complex and on-going health needs.
 - An integrated Diabetes Service (in partnership with MSEFT).
 - Continence Service.
 - Paediatric Asthma & Allergy Service plus dedicated asthma, eczema and allergies training for patients and families.
 - Epilepsy Nursing provision.
 - Service provision is also in place for Specialist School Nursing and Specialist Health Visitors.
 - Community Learning Disability Services.
- The Play and Parenting service (Jigsaws) provides specialist support to families from maternity to age 5, offering support to families with complex and life-limiting conditions.

Support Services and the voluntary sector

The SENDIASS service (Special Educational Needs and Disability Information, Advice Support Service) is jointly commissioned by Education, Health and Social Care is well established and well used by families who require advice and support on SEND issues.

The Department for Education funded parent carer forum; Southend SEND Independent Forum (SSIF) were established at the end of 2020 and provides a great deal of community support and advice to SEND parent carers.

Voluntary sector organisations based in or local to Southend provide a range of universal, targeted and specialist services to support children and young people with SEND and their families. The Local Offer website provides information, advice and guidance on local services and details of organisations and groups in the local area

www.southend.gov.uk/sendlocaloffer

4. The Southend SEND Partnership

The Southend SEND Partnership works together to drive high standards and continuous improvement and is committed to improving the experience of our children and young people with SEND aged from 0 – 25 by providing the right help and support at the right time.

The strategic partnership consists of:

- Southend City Council teams responsible for SEND services across Education, Early Years, Children's and Adult Social Care and Public Health.
- Health partners from Mid and South Essex Integrated Care Board (ICB), including The Lighthouse Child Development Centre as part of Essex Partnership University Trust (EPUT) and Southend University Hospital Foundation Trust (SUHFT).
- Southend SEND Independent Forum (SSIF), the Department for Education funded Parent Carer Forum for Southend.
- Representatives from mainstream and special schools, early years and further education settings.
- The voluntary sector and representatives from a range of community initiatives including A Better Start Southend (ABSS) and Healthwatch.

The Southend SEND Partnership commits to listening to the child and young person's voice and hear about their lived experiences. Everything we do will be shaped by better understanding of the individual needs of all children and young people with SEND and their families, no matter their circumstances or need.

Our ambition is for all children and young people to thrive and be happy in communities where families and services work together to help them achieve their potential and fulfil their dreams.

We will achieve this ambition as a whole system partnership, with shared aims and values. Working together we will focus on improving the lived experiences of children and young people with SEND and their families.

5. Our aims

We know that children and young people with SEND, and their families need additional support, and a strong local partnership is essential to achieve our shared ambition.

Our aim is to:

- raise aspirations.
- improve outcomes and opportunities.
- have high quality, accessible, local services.
- support a successful transition into adulthood, enabling independence and resilience.
- ensure children's wishes, dreams and aspirations are at the heart of decision making.
- have an easy to navigate, open and transparent SEND system.
- make a real and measurable impact on the lives of children and young people with SEND and their families.

We want Southend to be a place where all children and young people with SEND and their families:

- 1) Feel welcomed, are listened to and are equal, respected and valued partners in decision-making.
- 2) Have high aspirations, choice and control over their future and can make a positive contribution to the wider community.

- 3) Are communicated with sensitively and compassionately.
- 4) Feel safe, and are supported by skilled education, health and care practitioners who understand individuals needs and how these can be best met.
- 5) Have access to consistent high quality childcare, health care, education and training opportunities and employment.
- 6) Benefit from evidence-based practice.
- 7) Benefit from a system where practitioners support children and young people to be the best version of themselves and have inclusive and equal access to services and opportunities alongside their peers.
- 8) Can access services that are responsive and preventative.
- 9) Receive support that is personal and encourages self-help and resilience to enable individuals to become the best version of themselves.
- 10) Are supported and encouraged to provide feedback which helps the SEND Partnership to continually improve.

6. Developing the priorities

A programme of engagement with parents, carers, young people, education settings and colleagues who support children and young people with SEND was undertaken to identify the priorities that mattered to them. Various methods of engagement were used including online surveys, group meetings and one to one conversation.

Children and Young People told us:

“Staff need more training to help me and understand what support I need.”

“Share information using videos and animations; they are easier than reading lots of writing.”

“We want our own spaces where we can meet other young people and socialise and know that we have a refuge if we feel unsafe.”

“We feel we have to live up to older people’s expectations and want to be valued for ourselves.”

Parents and Carers told us:

“We need joined up services with a strong parental input.”

“Better and quicker access to services for families.”

“Putting the right people in the important, supportive roles.”

“Help should be timely, not taking years, and appointments should be given in an effective time span.”

“Early mental health intervention.”

“Ensure that what is in the Education Health and Care Plan is delivered. Hold schools accountable so parent doesn't have to fight school alone for provision to be made.”

Members of the Southend SEND Partnership told us:

“We need better systems in place to identify SEND.”

“Ensure health services have capacity to undertake assessment.”

“Smooth transition to adult services.”

“The voice of the child and their family should be central to all decisions made in relation to the young person’s life and future.”

“Ensure our education workforce is fully trained and upskilled in supporting children and young people with SEND and their families.”

“More investment in early intervention and prevention.”

Listening to what matters to families and children and young people has helped to shape our priorities.

7. Agreeing the priorities

The feedback gained from children, young people, their families and members of the Southend SEND Partnership, together with feedback from the SEND inspection re-visit and the SEND improvement programme has identified 5 priorities for action over the next 3 years. These form the basis of this strategy supporting the SEND community from early years to adulthood.

Our 5 key priorities

Transitions

Early intervention

Good mental health and wellbeing

Plans

The Local Offer

Transitions: Children and young people are prepared and supported to thrive at each change in their lives, helping them to feel secure and confident

This is important because:

Change is part of everyday life so it is important to help children and families learn how to successfully adapt.

Children and young people with SEND and their families will go through lots of changes. This could be a different school or setting, a different service provider or worker, moving into employment or a change in personal circumstances and needs.

Without effective planning and the right support for children and young people with SEND, transitions can be unmanageable for the child, which can have a lasting impact.

One young person told us a good transition means “Feeling prepared and ready!”

Early Intervention: Identification, assessment and effective support are provided at the earliest opportunity.

This is important because:

Children and young people who have their needs recognised earlier, generally have better outcomes.

Children and young people may find it easier to manage day to day life and access the world around them.

Families feel supported and better able to cope.

The right support can be provided at the right time, in the right place, which may reduce needs or prevent them from increasing.

One young person told us “Good support means being empowered to do things on my own.”

Good mental health and wellbeing: Children and young people are provided with the best chance to achieve positive mental health, be happy and thrive within their family, education and social lives, develop their potential, build strong relationships and contribute to their community.

This is important because:

It helps children and young people cope better with day-to-day life.

It helps children and young people to engage with others and maintain positive relationships.

It helps to build self-esteem and confidence.

It helps children and young people to effectively understand and communicate their own needs.

It helps children and young people to make positive choices.

One young person told us “I see a counsellor and my music has helped me through my thoughts and feelings.”

Plans: EHCPs and other plans for children and their families have the young person at the centre, are well co-ordinated, co-produced, timely, and lead to well informed and effective support, which is regularly monitored and reviewed.

This is important because:

Effective plans show the child or young person’s needs, ensure the correct support is in place and lead to better outcomes.

Children and young people’s hopes and aspirations can be turned into meaningful and achievable outcomes.

Children and young people and families are listened to, understood, and well supported. Those providing the support within the plan know what they are expected to do and when they need to do it.

Timely planning and reviews provide the right support, in the right place and at the right time.

One young person told us “The support I receive is a really big balancing act as it needs to be at the right time in the right way.”

The Local Offer: Southend’s Local Offer website is a widely and easily accessible resource that signposts to a range of universal, targeted and specialist support services and high quality provisions for Children and Young People with SEND and their families.

This is important because:

Children and young people, families and professionals know who to go to for consistent advice and support.

It helps children, young people, families and professionals to feel empowered, make informed choices and better engage with the community.

A range of high quality provision will help children and young people and families to access support close to home.

Children and young people, families and professionals have relevant and up to date information that can be found quickly and easily.

One young person told us “We need fully accessible sports clubs that are clued up on SEND specific needs.”

8. Developing our actions

Once the priorities had been agreed a draft strategy setting out the proposed actions went out for wider consultation.

Feedback was invited from young people, parents and carers of children and young people with SEND and professionals who work with and support children and young people with SEND.

People were able to provide feedback through face to face or online engagement events and also via a survey.

The Parent and Carer Forum (Southend SEND Independent Forum) worked closely with the SEND Partnership to engage a wide range of stakeholders and supported the review of consultation feedback. This is to ensure that the key priorities and the proposed actions reflect the needs of the SEND community.

Through this consultation families said that actions should focus on:

- Improving mental health service provision and waiting lists
- Increased visibility of professionals in the community to meet SEND families
- Simple pathways that support navigation of the SEND system
- Ensuring plans are concise, simple and child focused
- End of school transition support to college or into the workplace
- A reduction in waiting times for diagnosis
- Strong community connections like clubs and sports
- Better promotion of services and provision in the area
- More opportunities to get young people into work
- Keeping families more informed and part of the process

The wide range of feedback from the consultation has been collated and is available to view on the Local Offer website www.southend.gov.uk/sendstrategy

9. Making it happen – what we will do.

This strategy provides an opportunity to refresh our planned actions so that children, young people and their families feel the impact of better support, services and intervention.

This section sets out each priority and what we will do over the next 3 years.

Priority - Transitions: Children and young people are prepared and supported to thrive at each change in their lives, helping them to feel secure and confident

We will:

- Ensure assessments are prioritised for children and young people approaching transitions.
- Produce and embed guidance that sets out agreed expectations for school-based transitions for children and young people with an EHCP, on SEN Support or with complex medical conditions.
- Provide support and training for children and young people parent carers and professionals to ensure all children and young people with SEND are prepared as early as possible for adulthood and the transitions they face.
- Develop an agreed set of skills across the Education, Health and Social Care workforce so that practitioners work to the same preparing for adulthood principles, awareness of what good health, social care and education transitions look like and what provision is in place and at which level.
- Work as a SEND partnership to share (where appropriate) information to ensure children, young people and families, do not have to repeat their story and that risk or vulnerabilities are mitigated.
- Produce and publish a roadmap of what is expected at each stage for key transition points in a child or young person's journey (health, education & social care) so that all professionals are working towards the same goals and pathway.
- Provide clear information to parents, children and young people about options at each transition stage so they can make informed choices.
- Work with employers and Further Education providers to develop a greater range of options, education, training and employment, for young people when they move on from compulsory education.

Priority - Early Intervention: identification, assessment and effective support are provided at the earliest opportunity

We will:

- Ensure there is proactive signposting to early support services so that families experience of the SEND system improves and appropriate support is available at the earliest opportunity.
- Continue the review of therapy provision (the balanced system review) and implement the recommendations.
- Continually review and improve the advice and support available to schools and settings.
- Undertake a capacity and demand review to ensure effective use of resources.

- Embed the Graduated Response across education, health and care with a range of supportive materials which set out our expectations of how children and young people's needs should be met within mainstream schools and local services.
- Build resilience in schools to manage challenging behaviours which will improve the life chances of young people and preventing escalation to crisis and entering the criminal justice system.
- Review SEND decision-making systems and ensure that processes are transparent and understood by families.

Priority - Good mental health and wellbeing: Children and young people are provided with the best chance to achieve positive mental health, be happy and thrive within their family, education and social lives, develop their potential, build strong relationships and contribute to their community.

We will:

- Support community services to be more inclusive to provide better support, improve mental health and life chances.
- Improve data collection to support effective commissioning.
- Review the provision of Counselling Services for all children and young people and publicise what is available on the Local Offer.
- Offer training updates on early identification of need and appropriate sign posting to all frontline practitioners and those that have contact with children and young people.
- Develop a person-centred behavioural approach which provides the support, tools and training needed to build resilience for parents, carers and families to manage challenging behaviour.
- Develop a set of agreed expectations for education settings to support children and young people around emotional wellbeing.
- Support the development of mental health services that are inclusive of SEND.

Priority - Plans: EHCPs and other plans for children and their families have the young person at the centre, are well co-ordinated, co-produced, timely, and lead to well informed and effective support, which is regularly monitored and reviewed.

We will:

- Consistently capture and act upon the voice of the child and young person and their families at the earliest opportunity to influence and shape their plans.
- Get better at reviewing plans so they grow with the child and reflect their current aspirations.
- Provide support and challenge to providers to ensure the support detailed in all plans is delivered effectively.
- Enhance quality assurance processes around EHCPs to ensure a consistent, person centred approach, unique to each child and young person which raises parental confidence in the quality and impact of plans.
- Review the impact and effectiveness of the EHC Hub.
- Improve the timeliness of production of draft EHCPs.
- Produce guidance and information on routes and sources of support for families if they experience difficulties that are not being addressed by settings or if they feel that their child's needs are not being correctly identified or met.

Priority - The Local Offer: Southend's Local Offer website is a widely and easily accessible resource that signposts to a range of universal, targeted and specialist support services and high-quality provisions for Children and Young People with SEND and their families.

We will:

- Develop and implement a communication plan which effectively advertises and promotes the Local Offer as the 'go to' information source for all children and young people with SEND, their families and SEND professionals.
- Work with local groups and holiday support services to ensure there is advice, support and guidance on how to make provision for children and young people with SEND.
- Finalise the evaluation of the Local Offer website and deliver improvements. If necessary, a new codesigned website will be reprocured to ensure that the website is the best it can be.
- Complete a SEND partnership review of provision available for children and young people to close gaps in provision through effective identification of need and joint commissioning involving all partners.
- Complete the delivery of the Southend SEND Capital Programme.
- Produce a clear map of provision across the city that is easily understood and has clear routes on how to access them.
- Complete an audit in reference to inclusion across the local area and educational settings.
- Identify support and resources across settings to better enable children and young people to be educated and participate in activities alongside their peers.
- Promote awareness and understanding of SEND and SEND support services amongst families, practitioners, education settings and our wider communities by recruiting SEND champions.

The Southend SEND Partnership have 5 core commitments:

1. Increase the voice and engagement of children and young people with SEND and their families.
2. Develop our workforce across the Southend SEND Partnership to ensure they have the right knowledge, skills, confidence and resilience, with opportunities to learn together.
3. Be the best we can be focusing on quality, impact, innovation and improvement supported by evidence of what works well.
4. Improve communications across the SEND Partnership and with children, young people and families, professionals, settings and the voluntary sector.
5. Improve joint working and make the best use of available resources.

10. Measuring impact and progress

Ultimate accountability for the delivery of the SEND Strategy rests with the SEND Strategic Partnership Board, The strategy is underpinned by a detailed action plan for which the Southend SEND Partnership is accountable. The partnership will drive the delivery of this strategy and the action plan.

Progress against the strategy will be monitored at least termly, with scrutiny and challenge from:

- Southend SEND Strategic Partnership Board.
- Southend Education Board
- Southend Health and Wellbeing Board.
- The Mid and South Essex Integrated Commissioning Board.
- Southend City Council People Scrutiny committee.
- The Mid and South Essex Children and Young Peoples Growing Well Board.

Our success will be determined by the lived experience of our children, young people, and families to understand if, and how, they are seeing the difference.

We will monitor impact by:

- Listening to feedback from children and young people, their families and professionals.
- Working with Southend SEND Independent Forum (SSIF) and other groups.
- Working with the SEND Young People's Forum and other youth groups to hear directly from young people.
- Reviewing feedback from regular surveys.
- Designing new and creative ways to capture feedback.
- Reviewing provision arrangements for SEND in Southend schools and settings.

11. Keeping you informed

Progress and updates will be published on the SEND Local Offer website:

www.southend.gov.uk/sendstrategy. This will provide key documents and opportunities to feedback, ask questions or make suggestions on the progress of the SEND Partnership.

Our SEND Partnership e-newsletter will also provide regular updates on the work being done and the difference it is making sign up with this link [Southend-on-Sea City Council \(govdelivery.com\)](http://Southend-on-Sea City Council.govdelivery.com)

12. Thanks

With special thanks to everyone who contributed to this strategy, including the children, young people and families who took part in the engagement meetings and online survey, Southend SEND Independent Forum (SSIF) - the Department for Education funded parent carer forum in Southend, schools, youth groups and other organisations in Southend who have been involved, local authority teams, the Mid and South Essex Integrated Care Board and other health organisations, and the elected members of Southend City Council.

Working to make
lives better
www.southend.gov.uk



Mid and South Essex
Integrated Care
System

13. Legislation and Policy

Legislation driving provision for children and young people with SEND is currently under review by HM Government. We will ensure that this strategy is in line with any changes to legislation, national and local policy and best practice during its lifespan. At present, that legislation and policy is:

National

- Breaks for carers of disabled children regulations 2011
- National strategy for autistic children, young people and adults: 2021 to 2026
- NHS Long Term plan 2019.
- Reasonable adjustments for disabled pupils (2012): Technical guidance from the Equality and Human Rights Commission.
- SEND and Alternative Provision Green Paper (right support, right place, right time) 2022
- Special Educational Needs and Disability Code of Practice 2015
- Supporting pupils at school with medical conditions (2014): statutory guidance from the Department for Education.
- The Autism Act 2009
- The Care Act 2014.
- The Children Act 1989/ 2004.
- The Children Act 1989 Guidance and Regulations Volume 2 (Care Planning Placement and Case Review) and Volume 3 (Planning Transition to Adulthood for Care Leavers).
- The Children and Families Act 2014.
- The Chronically Sick and Disabled Persons Act 1970
- The Education Act 1996.
- The Equality Act 2010
- The Mental Capacity Act 2005.
- The Mental Capacity Act Code of Practice: Protecting the vulnerable (2005).
- Working Together to Safeguard Children (Statutory guidance)

Appendix 2

<h3>14. Glossary</h3>	
ABSS	A Better Start Southend is a partnership of organisations who operate in six local wards – Westborough, Victoria, Milton, Kursaal, West Shoebury and Shoeburyness.
ADHD	Attention Deficit Hyperactivity Disorder is a condition that can affect a person's behaviour, concentration and impulse
ASC	Autistic Spectrum Condition is a lifelong developmental disability which affects how a person communicates, relates to other people and makes sense of the world around them
EHC Plan or EHCP	Education, Health and Care Plan is a statutory plan setting out child's special educational needs and the provision set out to meet them
EHE	Electively Home Educated is a term used to describe a choice by parents to provide education for their children at home - or at home and in some other way which they choose, instead of sending them to school full-time
EPUT	Essex Partnership University Trust – a local health provider
GP	General Practitioner a local health provider
ICB	Integrated Care Board is a partnership of organisations that come together to plan and deliver joined up health and care services, and to improve the lives of people who live and work in their area
LA	Local Authority is responsible for a range of vital services for people in defined areas such as social care, schools
LD	Learning Disability is a term that describes a person with a physical or mental impairment which has a substantial and long term adverse effect on their ability to carry out normal day to day activities
MASH+	Multi agency safeguarding hub a referral point to access children's social care
MHST	Mental Health in Schools Teams are a national pilot offering support for children and young people from trained practitioners in evidence based mental health interventions in schools supervised by NHS staff
MSE ICB	Mid and South Essex Integrated Care Board a new partnership between the organisations that meet health and care needs across mid and south Essex
MSEFT	Mid and South Essex Partnership Foundation Trust – a group of hospitals covering mid and south Essex
NHS	National Health Service – leaders of health care in England
PD	Physical Difficulties a limitation on a person's physical functioning, mobility, dexterity or stamina that has a substantial and long-term negative effect on an individual's ability to do normal daily activities.
PMLD	Profound & Multiple Learning Difficulties is term to describe severe learning disability and other disabilities (such as difficulties with hearing, speaking and moving) that significantly affect a person's ability to communicate and be independent.
RB	Resource base (sometimes called Enhanced Provision) provide targeted support in a setting attached to a mainstream school which enables children to make progress, achieve their identified outcomes and continue to access the mainstream curriculum and school
SCC	Southend City Council is the local government authority providing services for the area

Schools census	An electronic collection of pupil data from primary, secondary, special schools and pupil referral units, which takes place three times a year
SEMH	Social Emotional Mental Health is a term to describe someone who has a range of social and emotional difficulties which manifest themselves in many ways and behaviours.
SENDIASS	Special Educational Needs and Disabilities Information Advice and Support Service is a free, impartial and confidential service offering information, advice and support for parents and carers of children and young people with special educational needs and disabilities (SEND) and to young people.
SEND	Special Educational Needs and or Disabilities is a term referring to a learning difficulty and/or a disability that means a child needs special health and education support.
SEND Capital Programme	Funding provided by the Government, through the Department for Education to help local authorities shape facilities for children with Special Educational Needs
SEN Support	Educational or training provision that is additional to or different from that made generally for others of the same age. This means provision that goes beyond the differentiated approaches and learning arrangements normally provided as part of high quality, personalised teaching. It may take the form of additional support from within the school or require the involvement of specialist staff or support services. SEN support is the term used to describe the support that schools provide for pupils who have been identified as having SEN but who do not need an Education, Health and Care (EHC) needs assessment. Pupils at SEN Support are given support that is additional to and different from the majority of children and is paid for out of the school's resources. Most pupils with SEN in mainstream schools are provided for at SEN Support.
SLD	Severe Learning Difficulties is a term to describe significant and profound cognitive difficulties.
SET CAMHS	The Child and Adolescence Mental Health Service provides advice and support to children, young people and families who need support with their emotional wellbeing or mental health difficulties. The service covers Southend, Essex and Thurrock.
SSIF	Southend SEND Independent Forum is Southend's local Parent Carer Forum funded by the Department for Education.
SCPHN	Specialist Public Health Nurse provides support for children with Special Educational Needs in mainstream school.
SCPHN - EHE	Specialist Public Health Nurse provides support for children who are Home Educated
SUHFT	Southend University Hospital Foundation Trust.

Southend-on-Sea Borough Council

Report of
Executive Director (Adults and Communities)
and
Executive Director (Children and Public Health)
to
Cabinet Meeting
on
8th November 2022

6

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

Southend Safeguarding Partnership Annual Report 2021/2022

1. Purpose of Report

To present to Cabinet the Southend Strategic Safeguarding Partnership Annual report 2021/2022. The annual report provides an annual assurance assessment to the Council in respect of its responsibilities for safeguarding children and adults in Southend. This annual report contributes to the requirements of statutory guidance in Working Together to Safeguard Children 2018 and the Care Act 2014.

2. Recommendations

- **That Cabinet note the Southend Strategic Safeguarding Partnership Annual report 2021 – 2022.**

3. Background

- 3.1 When Southend reviewed and updated its arrangements following the DfE's issue of the updated Working Together document in 2018, the Borough (now City) 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. This is the second annual report published by the Southend Safeguarding Partnership.
- 3.2 This report introduces the Annual Report of the Southend Safeguarding Partnership for the Financial Year 2021 to 2022. The annual report has been jointly authored and constructed by all 3 statutory partners (Southend-on-sea City Council, Essex Police, and the Mid and South Essex Integrated Care Board (previously the Clinical Commissioning Group, until 1st July 2022)). and provides an account of the safeguarding activity and ambitions, for both children and adults in Southend for 2021 - 2022. The annual report will be considered by Essex police and the Integrated Commissioning Board through their respective governance frameworks.

3.3 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.

4. The Report (Partnership Safeguarding Activity)
Only a few highlights are included in this cover report.

4.1 The Annual Report notes that the Partnership Business Unit is under resourced¹, and the pandemic has had significant effects on service delivery of all Partners. The report includes a RAG assessment of the delivery of the Partnerships strategy under every delivery mechanism (Partnership Subgroup). There is more to do in the provision of training, management of communication forums and the analysis of data and information². It further notes that the recommendations of an Independent Review of the Partnerships work are not yet delivered³. A great deal has, however been achieved over this year, including:

4.2 The Partnership works in close collaboration with its neighbours (Essex and Thurrock, known as the SET Group)⁴. SET (both Adults and Childrens) maintain a number of policies, procedures and practice guidance. There is a rolling plan of review that has been maintained over the year. Other SET wide groups cover domestic violence, domestic homicide, child deaths, information sharing, Learning Disability mortality reviews and suicide steering group.

4.4 The ‘excellent’ dashboards⁵ (*reviewed after ‘1 year in use’ this year*) have been used by the (adults and childrens) performance subgroups to review the performance of the Partnership. This exploration of the data by Partners has encouraged partners to explore areas where the data is identifying significant change and where Southend is performing differently to its SET neighbours or national peers.

4.6 As a result of the learning of case reviews and the performance, audit, quality and assurance groups:

- two ‘Structured Updates’ were held during the year (Communications / Transition). Partners came together alongside people with lived experience and explored the issue in detail, shared best practice and clarified policy and procedure.
- The Partnership also hosted a day of action in the High Street where the issues surrounding labour Exploitation and Modern-Day-Slavery were shared with the public.
- An animated video to assist vulnerable people recognise the dangers when making friends was produced – [Tricky Friends](#)
- Partners engaged with the National Safeguarding Awareness Week by promoting the specified topics in their training, communications and through social media.

¹ Partners are currently considering a proposal to add resources to the SSP Business Unit.

² SSP Annual Report 2021-2022, page 9

³ SSP Annual Report 2021-2022, page 31

⁴ SSP Annual Report 2021-2022, page 18

⁵ SSP Annual Report 2021-2022, page 9

- 4.7 Audits of Partners Safeguarding Performance and of Schools safeguarding provision are completed every year⁶. The ‘adults’ survey was completed across the SET group and included a staff survey.
- 4.8 The Partnership successfully rolled out multi-agency training on the Graded Care Profile (an assessment tool that helps practitioners take a strengths-based approach to measuring the quality of care a child is receiving and supports them to identify neglect.), as part of a joint systems approach to improve outcomes for children and families⁷.
- 4.9 Two ‘Child’ Rapid Review processes resulting in the escalation for both to commence Local Child Safeguarding Practice Reviews were delivered and the Partnership also completed a joint review with another Borough, which identified no further action was required. The early learning from the two Rapid Reviews has been disseminated but the final reports and outcomes are yet to be defined as the process is ongoing⁸.
- 4.10 Over the year the multiagency risk assessment team (MARAT) received 424 referrals of domestic abuse where assessments were completed and if appropriate remedial action taken to ensure the safety of the vulnerable adult and children.

5. Other Options (None)

6. Reasons for Recommendations

As one of the three strategic partners of the Southend Strategic Partnership the Council needs to receive and note the Annual report.

7. Corporate Implications

7.1 Contribution to Council’s Vision & Corporate Priorities

The work of Partners and the Council in safeguarding children and adults directly contributes to the Council’s Safe and Well 2050 outcome and specifically to safeguard children and vulnerable adults in Southend.

7.2 Financial Implications (None)

7.3 Legal Implications

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

7.4 People Implications (None)

7.5 Property Implications (None)

⁶ SSP Annual Report 2021-2022, page 38

⁷ SSP Annual Report 2021-2022, page 42

⁸ SSP Annual Report 2021-2022, page 43

7.6 Consultation

N/A

7.7 Equalities and Diversity Implications (None)

7.8 Risk Assessment

No Risk Assessments are required as a result of the Southend Safeguarding Annual Report 2021/2022

7.9 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. Southend Safeguarding Partnership members ensure that all functions are undertaken on value for money principles. Since July 2013 the business management resource of the Childrens and Adults parts of the Southends Safeguarding Partnership (*which was the Local Safeguarding Childrens Safeguarding Board LSCB and Safeguarding Adults Board (SAB)*), have been shared.

(It is noted that for the first time the partnership costs are split evenly between the three strategic partners in 2022/2023.)

7.10 Community Safety Implications

Southend Safeguarding Partnership arrangements support the safety for our most vulnerable members of society across the localities and partnerships. The Southend Safeguarding Partnership oversee work on road safety, e safety, violence against women and girls, modern slavery, sexual exploitation, bullying and hate crime as it relates to children and adults, and monitors the effectiveness of the implementation of the domestic abuse strategy.

8. Background Papers

Many are core documents and are the same as identified in previous annual reports

- [The Children Act 2004 Every Child Matters: Change for Children](#)
- [Children Act 1989](#)
- [Working Together to Safeguard Children \(2018\)](#) (as amended 2022)
- [Special educational needs and disability code of practice \(2015\)](#)
- [Keeping Children Safe in Education \(2016\)](#) (as amended 2022)
- [Safeguarding Vulnerable Groups Act 2006](#)
- [Mental Capacity Act \(2005\)](#)
- [The Care Act \(2014\)](#)
- [Care and Support Statutory Guidance – Care Act 2014 as amended by the Health and Care Act 2022](#)

- [Making Safeguarding Personal Guide 2014](#)

9. Appendices

Appendix 1- Southend Safeguarding Partnership – Annual Report (2021-2022)

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SOUTHEND Safeguarding Partnership

Southend City Council

Mid and South Essex Clinical Commissioning Group

Essex Police

Annual Report – 2021/2022



Andy Lewis
Chief Executive
Southend City 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

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1. Introduction / Executive Summary

(M. Atkinson, Independent Advisor SSP)



*Prof. Maggie Atkinson
Independent Advisor
Southend Safeguarding Partnership*

We are pleased to present, and to endorse, the Annual Report of the Southend Safeguarding Partnership for the Financial Year 2021-22.

This Report, co-owned by Southend’s three Statutory bodies and jointly authored and constructed by all of them, gives an account of safeguarding activity, and ambitions, for both children and adults in the city. All concerned are keenly aware that the financial year it covers was extraordinary for Southend’s people of all ages as the Covid 19 pandemic changed its nature and the city moved ever close to “a new normal.” 2021-2022 has continued to place extreme demands on services and their staff, with clear and visible knock-on effects on the city’s planning, funding and provision of services. We are equally aware that all that those services 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 that “a new normal” is still being shaped.

Safeguarding is not only a description of what we do to respond to people living with vulnerability or going through difficulties, but must be a way of thinking and working: preventing harm rather than only responding when it happens; responding to residents of all ages whose ideas about how they might stay safe must help to guide what we do, and supporting communities to make staying safe and being well the norm – avoiding crisis rather than simply responding when it happens. There is of course more to do. We are determined, as Southend continues shaping its future towards 2050, to ensure safeguarding and wellbeing are at the heart of all of it.

2. Duty to Publish

(P. Hill, Business Manager SSP)

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 then Borough, now City 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.

3. Scrutiny Commentary

(M. Atkinson, Independent Advisor SSP)

I am Professor Maggie Atkinson, Independent Adviser and Scrutineer for the Southend Safeguarding Partnership (SSP.) 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 was Children's Commissioner for England from 2010 to 2015.

I took up my role in Southend at the end of February 2021, making this my second opportunity to comment on and contribute to the SSP's Annual Report.

The content that follows has been written by senior representatives, principally working in, and partnering others across the SSP's three Statutory Partners . They lead a Partnership of equals for both the Children's and Adults' Safeguarding activity. They are:

- Southend City Council,
- Essex Police Service, and
- Southend Clinical Commissioning Group (CCG) which as this report is published will be part of an Integrated Care System (ICS) as CCGs are stood down.

The Report looks at how both preventive and early intervention based, and far more intensive and sometimes statutory safeguarding activities, are undertaken across the city of Southend. Sections are supported by data where it is available, so that all the content of the accounts that follow bear weight, trends are reported on, ongoing issues are explained, and plans for future activity are explored from a firmly data informed basis.

All sections of the report relate to legislative and governmental demands or regulatory frameworks, and the agreed SSP Strategy for 2020 to 2024. This can be found at <https://safeguardingsouthend.co.uk/downloads-adults/?search=SSP+strategy>

Some of this report's contents relate to Southend's residents and their wellbeing no matter what their age or stage of life. This is in fulfilment of the City's decision to create an all- age SSP some years ago, given most people live in mixed-generational extended families and communities, and many people's and families' issues can be lifelong.

These lifelong issues may include – to quote only a few examples:

- physical or intellectual disabilities,
- the many health, physical and emotional, safety and wellbeing effects of long-lived and particularly inter-generational disadvantage or poverty,
- the effects of crime on both victims and perpetrators,
- safeguarding issues arising from being assured of safe and appropriate housing in cohesive safe and welcoming neighbourhoods, and
- the inter-generational impacts of domestic abuse and violence that can leave people unsafe and vulnerable.

Whilst the SSP is a combined all-age Safeguarding Partnership, because children's and adult services answer to different government departments, funding streams and regulatory or inspection regimes, it has two branches. One deals with children and young people's issues, with a particular but not an exclusive focus on the most vulnerable, marginalised and in need. The second concentrates on the needs of adults, particularly but not exclusively where they have additional needs or vulnerabilities as defined by the Care Act. Parts of this Annual Report are therefore age-group-specific, given both the regulatory and legislative frameworks mentioned above, and the fact that the needs of children, young people and adults may change over the course of a lifetime.

This Annual Report includes details relating to children’s education, from the universal whole-city population most of whom do not have additional needs, through a continuum of need and service provision, including when a child or young person has additional needs or is struggling for whatever reason.

The report also examines and reports on progress in:

- how well the youngest children and young people and their families are supported and nurtured to provide the best possible start in life,
- services for and trends in children’s and young people’s physical and mental or emotional health and wellbeing and how these are commissioned and provided so that children and young people are appropriately supported,
- what happens when a child or family needs an early, often preventive, offer of additional help or support, whether from social care or special education or other services,
- interventions that seek to help families to halt declines in their wellbeing caused by any degree of physical, emotional or developmental neglect that have detrimental effects on children, young people or their families,
- 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 including if they must be removed from their families and placed in the care of the City Council, and
- how services respond if a child or family is in conflict with the law, or has to deal with a range of extraordinary challenges, palpable dangers, or tragedy.

Equally, the Annual Report covers issues that arise only in adulthood:

- the many, increasingly complex and long-lived, challenges and effects of ageing: for the whole population, but particularly for those who need additional support from a range of services in order to maintain their independence and their ability to remain out of hospital or other forms of care,
- services and provision for those of any adult age who have a physical or intellectual difficulty or disability,
- services and provision offered to those living with or families affected by a wide range of adult vulnerabilities, and
- the effects on adults of their own or others’ involvement in, or being the victim of crime, the effects on adults of their own or others’ alcohol or substance misuse, difficulties arising from issues of housing or homelessness, the life-changing and challenging effects of social or economic disadvantage, and a range of other difficulties that some Southend residents face.

In the latter groups covered by the final bullet point above, interventions are likely to be multi-agency. They may be statutory in nature, and will be aimed at restoring, or maintaining and assuring, the safety and wellbeing of the adults concerned, their families and communities.

2021-2022 financial year passed as the City entered the recovery and refresh stages of dealing with the effect of unprecedented challenges, triumphs and griefs of the Covid 19 pandemic. Though this report is published after the end of the 2021-2022 financial year and the worst effects of Covid 19 have been set aside across society, the after-effects are still with us. This means that many of the pages that follow account for services’ and partners’ responses to society’s moving on from the worst effects of Covid 19. The ongoing wariness concerned includes issues about “all-in” returns to shared office or meeting spaces, and the notion that new infections and possibly new strains of Covid 19 may still present challenges and a need to change how things are done. There is also pragmatism about not wishing to lose all that was learned about partnership working and inter-agency cooperation and flexibility during the worst days of the pandemic, and a determination to create a new, rather than trying to return to an old, normality.

The after-effects of Covid 19 continue, not necessarily in terms of continued infection rates and dangers to health and safety across the population but in terms of how well organisations and their staff continue to recover. All agencies will need to remain cognisant of, and actively engaged in responding to, the safeguarding challenges that continue to face staff and clients given that as this report is completed we are still facing the fact that, much as we might wish it had, Covid 19 has in fact not gone away – and Long Covid remains a considerable challenge for some of those who have had the virus, whatever their age group or previous health status. All of Southend’s partner bodies are all clear that their ways of working, and their staff’s safety, energies, ability to stay strong and optimistic, were deeply challenged by the pandemic. They are all determined not to lose the gains made in working in partnership as a matter of course, rather than working in separated bodies that sometimes cooperated as was the pattern before March 2020. As things have returned to normal during 2021-2022, all concerned are clear it is a “new normal” shaped by the changes brought by working at least in part on-line, always with a concern both for Southend’s welfare and wellbeing, and their own ability to go on working.

Whilst patterns of demand on services have now changed to some degree, where client groups’ needs have become obvious again following the end of Covid 19 restrictions and lockdowns, services are acutely aware of their need to continue to adapt as “a new normal” settles in and embeds. The expectation is that demand, that can or cannot be effectively met, will continue to rise above pre-March 2020 patterns. This will continue to present new challenges, and possibly entirely new client groups who were previously unknown. Agility and flexibility will continue to be needed, as will a determination to work in partnership to get things done. The fact that as this report is completed the effects of long-term exhaustion in staff at the end of their energy reserves remains palpable. It appears likely to become a long-term feature of all systems and services, presenting particular challenges that SSP will need to continue to monitor through 2022-2023

This Annual Report is clear that a great deal of its data and narrative captures ongoing and steady improvement, including where inspection bodies have come into the City and reviewed particular services either to vulnerable children and young people, or to adults and communities. However, this is set against considerable odds and very thinly stretched financial, physical and human resources across agencies in the City. The report also captures services’ and agencies’ honest assessments of what more needs to be done.

The report closes with a look-ahead to 2022-2023. The work to be done in this year has already started as this report is published at the end of Quarter 1 of the financial year concerned. This publication date is the earliest possible, given any given financial year’s data takes time, after 31 March annually, to collect, collate, error-check and where necessary cleanse and assure, ahead of publication in a report of this nature.

SCRUTINY COMMENTARY AND STATEMENT OF ASSURANCE (WORKING TOGETHER TO SAFEGUARD CHILDREN 2018 / CARE ACT 2014)

Part of my work with SSP is to chair several bodies that bring agencies and services together to ensure 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 or statutory guidance requirements.

I confirm that I have no connection to any organisation, agency or service working with or for residents in Southend. I was appointed to my role commencing in February 2021 on a formal contract, after a formal competitive process. I am entirely independent of any of the bodies which are members of either Partnership within the SSP. 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 to the SSP.

In the 2021-2022 financial year I have chaired four quarterly rounds of the Board-level meetings of 2 Partnerships lying under the overall governance framework of the SSP. I have continued to meet, in both one-to-one and small group settings, with senior representatives of all Partner bodies of the SSP, including in Relevant Agencies such as the city'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 also attended and contributed to Southend's Children's Social Care Improvement Board meetings. I keep the two statutory Directors of Children's and of Adults' Services and each of their Lead Members and the Council Leader aware of what I find as I undertake Scrutiny activities. I have also met representatives of Southend's young citizens, whose voices and views can help to shape services for the future. In the coming year I will ensure that such meetings 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 in Southend, I can 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 STILL TO BE DONE: LOOKING FORWARD TO 2022-2023

There remains, as always in all public services, much work still to be done.

In summary, the main issues faced for 2022-2023 and potentially in the far longer term are examined by those presenting all the contents of this report, in accordance with what data is telling us, and with the contents of the SSP's agreed Strategy which lasts until 2024. The contents of this Annual Report are also tied to the Strategy's published aims and agreed work programmes.

Much of the work to be done in the coming year will continue to address stubborn challenges such as the effects of long-term neglect in the lives of some children young people and adults. The effects of the 2022-onwards cost-of-living crisis in the UK, a very live concern as this report is published, will also mean that the SSP may be challenged to ensure that services can step in where the city's neediest residents, of all ages, are supported as all would wish them to be.

I have the following ongoing concerns that I advise all Partner agencies must seek to address in 2022-2023. All acknowledge that some will still be "live" in following years. Recording them in this section of this report is both by duty as Scrutineer, and necessary as part of an audit trail that will enable the SSP to focus its efforts where work remains to be done, so that all that services offer comes to match the best of what is already underway.

- Too many of the evidenced, clear and accepted recommendations of the SSP's Governance Review of October 2020, written by external reviewer Carole Brooks Associates remain unfulfilled, or not yet started over 2 years since publication. Many have been discussed several times since I arrived in Southend in late February 2021, but progress on addressing them has been halting, largely because some will require additional financial resources and these are in short supply for all agencies. 2022-2023 should see a renewed focus on ensuring progress

accelerates, if at all possible, though I recognise that achieving this will take hard-won commitment from all partners in equal measure, and resources are not easy to increase in the current or likely future financial climate.

- The SSP's Business Unit is under-resourced in comparison to other such bodies including in neighbouring Local Authority areas across the East of England. I am aware that resources are tight across all agencies. I therefore 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 Strategic Manager for the SSP who also leads on the management of servicing for the Adult Partnership strands of the SSP, a Children's Lead who works under that Strategic Manager having stepped into that administrative and servicing role temporarily before stepping back down to a part time role, plus one FTE administrative post currently filled by two very effective and productive part time staff.

This pattern of staffing the business unit leaves it unable to do all of the following things, which partnerships across the country consider vital in a functioning partnership for children, or adults, or both.

The Business Unit cannot:

- Ensure the SSP's Website is constantly refreshed, contains frequently updated materials on central and local priorities, policies, proven lessons that need to be learned by professionals, and signposts for Southend residents seeking information or advice on safeguarding whether for children or adults.
- Analyse the data that, were it to be so 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. The City 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. Such lack of analytical abilities means that despite the Dashboard being very informative and potentially practice-shaping, services across the City, which also may not have their own data analysts, cannot make the richest possible use of the Dashboard's contents. That they wish to do so is mentioned in every meeting and arose again as the call for copy for this report was issued. The Business Unit cannot help. The false economy is clear and should now be addressed.
- Host partnership wide, multi-agency coordinated training, such as is common in like partnerships for both children and adults across England. Southend's situation means that (to quote only one example) a senior Public Health team member, who until recently ably chaired the SSP's Learning and Development Subgroup but is also a very busy professional, was 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 Graded Care Profile (2) neglect analysis and intervention driving tool. Because there is no capacity to support this work either administratively or by somebody charged with delivering and facilitating training within the Business Unit, this senior leader was left undertaking detailed administrative tasks including creating packs of materials that would be used in training. The stark fact that 60% of referrals into both children's and adults' services for intervention by professionals come in because of neglect, points to the clear need for a tool such as GCP2 to be widely used, which means that training in its use is necessary and should be ,multi-agency. The false economy of not having a SSP training function is clearly illustrated by this example, which is echoed in other areas of practice. That individual agencies undertake their own training is not disputed here. That

partnership-wide, single-message training that can then shape practice is not on offer and cannot be resourced by the current business unit staffing, is an issue that should be actively addressed in 2022-2023.

4. 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.

4.1. Southend City Council – Adult Services

(Sarah Range, Southend City Council, Adult Services)

Over 2021/22, Covid-19 continued to prove a 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 2,150 safeguarding concerns for people experiencing abuse and neglect, working alongside them to improve their situations.

Taking forward positive learning from the pandemic, the NHS and Council leaders and managers continue to meet 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 has continued as we move to the endemic stage and gives assurances, especially when at the height of a number of lockdowns and exposure/outbreaks limited how interventions could be provided due to Covid restrictions.

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

- Significant persistent challenges regarding the availability and supply of care offered or provided to people in their own homes with many people waiting a long period of time either in hospital, in care homes or being supported by family while they had no care at home
- During the year, the Council has also managed 19 complex organisational safeguarding concerns across care homes, supported living and domiciliary provider services, working in partnership with CQC, Health and on occasion, Essex Police. This number is static with 2020/21.
- Within these investigations, there were 108 safeguarding enquiries within these Providers of Concern.
- In the course of 2021/22, a total of 10 care homes and domiciliary care agencies ceased trading for differing reasons in connection with quality and/or financial viability, which resulted in people needing to urgently be supported to move care home or agency.
- Significant numbers of care homes in 'exposure' or 'outbreak', however this did not deter high risk safeguarding matters from being investigated in person.
- Both supply and quality issues leading to a continued 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.
- The continued 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.

4.2. Southend City Council – Childrens Services

(Ruth Baker, Southend City Council, Childrens Services)

In 2021/22 the level of contacts and referrals into MASH+ returned to pre-Covid-19 levels. The increase coincided with the increase in contact between children and families with partner agencies following the ending of lockdown.

During the Focused Visit in March 2022, Ofsted found that *‘during COVID-19 restrictions, managers and social workers individually risk-assessed children’s circumstances and ensured that those most at risk continued to receive face-to-face visits. For children in more stable and secure placements, visiting was appropriately undertaken virtually. Multi-agency meetings, including statutory reviews, continue to be delivered using virtual technology. For some children, this has improved the participation of professionals who support them and enabled a more comprehensive multi-agency review of their progress.’*

4.3. Clinical Commissioning Group (Southend NHS)

(Sharon Connell, Head of Safeguarding, Designated Nurse Safeguarding Children, Southend CCG)

The SARS-CoV-2 (COVID-19) pandemic has had a profound impact on NHS services across the entire health economy. Over 2021/22 NHS services in Essex have continued to respond to COVID 19 whilst resetting other health services that had been adversely affected since 2020.

Throughout the pandemic, safeguarding (adult and child) remained a business-critical activity and NHS services maintained the integrity of provision to adults at risk, children in need of protection and other vulnerable populations within the parameters of government guidance. The arrival of the Omicron variant in November 2021 and the subsequent national drive on the delivery of the vaccine programme meant that some safeguarding professionals were redeployed to clinical settings.

The longevity of the COVID-19 pandemic has at times adversely impacted the capacity of NHS Southend Clinical Commissioning Group (SCCG) to commit fully to Southend Safeguarding Partnership Strategy and Workplan. In addition, there has been fluctuating capacity due staff vacancies and secondments. SCCG remains a committed Safeguarding Partner and the Interim Director of Nursing (Safeguarding) took over as Chair for the SSP Strategic Leadership Group from the CCG Alliance Lead in May 2021.

Southend CCG safeguarding professionals have supported the SSP workplan through its subgroups and workstreams and endeavoured to ensure there is a CCG contribution at all meetings. In some cases the CCG contribution to SSP priorities has been through wider Essex forums such as Southend, Essex & Thurrock Domestic Abuse Board.

The transition of CCGs into Integrated Care Systems was also delayed by the pandemic from 1st April 2022 to 1st July 2022. In preparation for this change the 5 Mid & South Essex (MSE) CCGs have been working closely to ensure a smooth transition into MSE Integrated Care Board.

4.4. NELFT

(Jay Lucy Spires (née Brown) Interim Named Nurse Safeguarding Children for Southend, Essex and Thurrock)

NELFT acknowledged that although there have been some delays in progressing the Strategy, there appears to be better attendance at partnership meetings since the meetings have moved to virtual meetings.

Throughout the pandemic the children of Southend continued to receive both face-to face appointments and virtually from SET-CAMHS (formally EWMHS). The safeguarding partners have continued to prioritise safety and wellbeing for the residents of Southend.

4.5. Public Health

(E. Brenan-Douglas – SCC Senior Public Health Principal)

Southend City Council Public Health supports the Southend Safeguarding Partnership by taking a public health approach to the health and wellbeing of citizens living in and using services in Southend. This is done through exploring the impacts and the interfaces of wider determinants of health around issues including 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 the last two years and now we must learn how to live with Covid. Key public health issues are now needing to be addressed, in particular where inequalities have widened. Over the last year the partners have started to see the impact of isolation, illness, long term covid and mental health impacts on the population. Public health continues to engage and co-design service delivery and community support through the Family Centres and better aligning our professionals' expertise alongside local parents' expertise, to better address needs.

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 and new variants emerging. Other priorities include responding to rising and changing inequalities in health and mental health outcomes, actions against the new drugs plans From Harm to Hope, understanding the needs around neglect in Southend, impacts of poverty, reducing social isolation and working and developing the community connections in Southend. As we continue to build community resilience, we will also need to review the impact of increased alcohol dependency and the impact this has on family life.

4.6. Education and Early Years

(Brin Martin; Director Education and Early Years SCC)

The potential impact of the pandemic on both children's education and their safety and wellbeing could have been immense. From the start of the pandemic, the Directors of Education and Public Health met on a very regular basis, sometimes weekly, with all Headteachers to mitigate and collectively plan the support for children's education. In addition to particular casework for individual schools, this also included lobbying of the Department for Education where in officers' views, the guidance supplied was not in the best interests of pupils' safety.

Specifically, the authority stood up a number of systems that allowed us to track the attendance, wellbeing and safety of our most vulnerable learners, on a daily basis. This included, where required, visits to schools and particular households to ascertain the wellbeing of pupils who were expected to attend school during periods of lockdown but were not attending. Additional resources were seconded in from OFSTED to support this task. Evidence that this was effective can be seen in the published OFSTED/CQC SEND revisit letter where the previous weakness in tracking was commended by the regulators. Of note has been the considerable support for families with very young children by the Early Years team. At the height of the pandemic, every family was guaranteed alternative provision if their usual setting was forced to close.

Overall, as a result of the above measures, the impact of the pandemic on pupils, staff and their communities was minimised as far as possible, both in terms of their ability to continue with their education, and their safety and wellbeing.

Providers' perspective.

In part, as a consequence of coronavirus, the relationship with all setting (Early Years), School and college Leaders has strengthened considerably as a result of our mutual support for the pandemic.

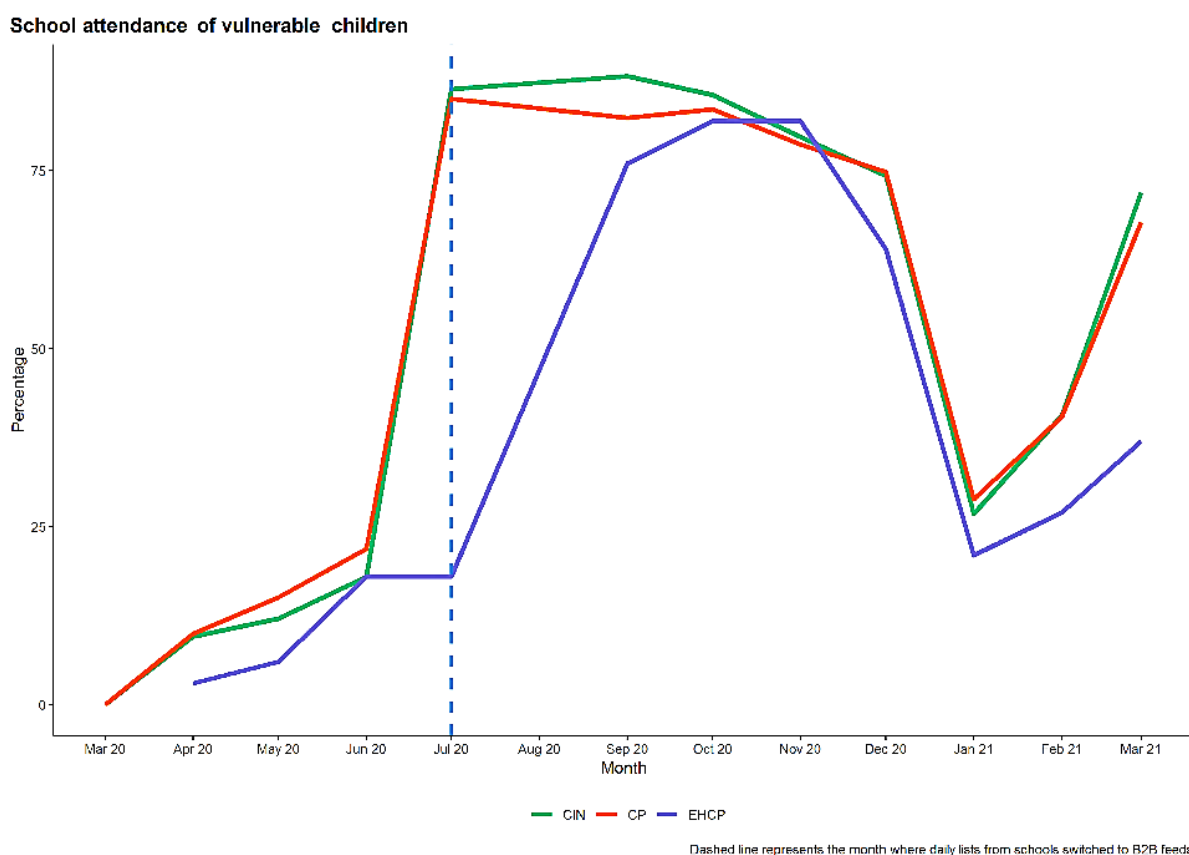
This strengthened relationship has allowed us to hold at times challenging and sensitive conversations with individual settings as required, for example as a consequence of an external OFSTED compliant, or through other referrals, for example where a pupil is deemed to be missing education for a period of time. Officers continue to work with leaders to challenge decisions relating to matters such as off rolling, transition to elective home education or where a school has potentially been less than inclusive. Close working with other council services such as early help and attendance provide, as far as possible, assurance of a pupil’s welfare and ability to thrive.

Of note this year has been the rapid support that has been provided by senior leaders in the secondary phase relating to a possible major safeguarding concern. In a very short period of days, officers met with all school and college leaders, social care and the police to put in place measures to both allow investigation, but importantly potential pupils level support as and when required.

Of note, as a pattern, has been the continued challenges that school leaders face through complaints to regulators and from some members of the public, not relating directly to safeguarding, but provision overall. This serves as a distraction for school leaders and the council alike, but, each and every case has been followed up and reported.

School attendance of vulnerable children

The graph below shows how attendance for vulnerable pupils improved over time during the various school closure periods with the support of services working in partnership with schools and families:



4.7. Voluntary, Community, Faith and Social Enterprise (VCFSE) Sector

(Anthony Quinn, Deputy CEO – Southend Association of the Voluntary Sector)

During the pandemic, SAVS surveyed the VCFSE sector in Southend to gain insight on how they were responding to the outbreak. We also asked them what their perceived challenges were. Based on the number and type of organisations who responded, we believe the survey to represent 20% of the overall sector in Southend.

Immediate Impact

The majority of respondents (95%) have experienced some form of negative impact due to Covid-19.

The most significant concern related to remote working. The sudden need to work and connect across organisations/groups and colleagues remotely posed many issues. With many having had to utilise digital technology in a way they never needed to before and also the need to invest in digital technologies and hardware to support remote working. This aspect impacted on communication, planning and day to day workings of the groups.

Parallel to this dynamic the sector also had the need to adapt their services particularly in relation to the restrictions on face-to-face contact. A significant number of groups experienced a loss in volunteer support, affecting their capacity to deliver services and in addition reported that they had to furlough some staff.

Underlying the above challenges was the barrier of accessing funding. Many groups attempted to access emergency funding at a time when the Funds were massively oversubscribed and smaller trusts had far less money. Funding sources such as Martin Lewis, CAF Bank and Esmee Fairburn were allocated within days and other emergency pathways were only available to groups that held an active agreement with the particular funder. Emergency funding was directed towards Covid-19 so other funding requests, such as core costs were blocked.

Concerns over isolation and suspension of community/fundraising events also impacted future planning.

A large number of groups reported experiencing a loss in revenue, which affected their operational model.

The use of unrestricted reserves was one way of keeping pace with the necessary changes and adaptations. However the knock-on effect of this action potentially leaves the groups more vulnerable in the longer term as reserves are built over many years often with the recommendation from the Charity Commission to have at least 6 months of free reserves in mind.

Mid-term Impact

The VCFSE sector began to stabilise as a wider and more diverse range of supporting funds cascaded into the sector. Groups reported at this time the adaptation to staff remote working was a positive and beginning to show many benefits i.e. time and cost saving. It was recognised the pandemic was a landscape upon which greater collaboration and partnership working and communicating had been built. An increased resilience of residents was demonstrated and supported by a huge mobilisation of the community and working in a strength-based way aligned with the principles of Asset Based Community Development (ABCD) – neighbours, communities and agencies had become more connected and supportive of each other. Developing ways to respond the needs of the community through the use of assets and talents within the community.

An estimated 885,000 volunteer hours have been used in the Covid-19 response by the VCFSE Sector, an equivalent saving of approximately **£12.8m**.

Long term Impact

Towards the end of the pandemic, the VCFSE sector predicted the biggest increase in service need will be Mental Health and associated determinants / impacts and this is unfortunately being reflected with the rising support needs being seen.

Many reported they did not have enough resources for the future, and they required some form of support in the following 6-12 months.

Additional types of support mentioned by the sector include funding, partnership guidance, promotion of services and governance guidance.

The VCFSE continues its recovery from COVID 19 through shared learning and experiences to help enhance the sector offer and continue to adapt to the changing environment. The sector will work to build on the new partnerships and connections created through the period and strengthen relationships with new and existing partners.

SAVS will continue to support capacity building supporting a growth in digital, funding and communication skills across the sector.

5. SSP Vision, Mission: Who We are and What We Do

(P. Hill, Business Manager SSP)

Vision

Southend Safeguarding Partnership (SSP) prevents Children, Young People and Vulnerable Adults in our community from experiencing harm or exploitation; and intervene where and when appropriate if this does occur.

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.

Who We Are

Southend Safeguarding Partnership is led by the three Strategic Partners.

- Essex Police
- Southend Clinical Commissioning Group
- Southend Borough Council

Organisations and individuals from all sectors that support vulnerable people in Southend make up our Partnership.

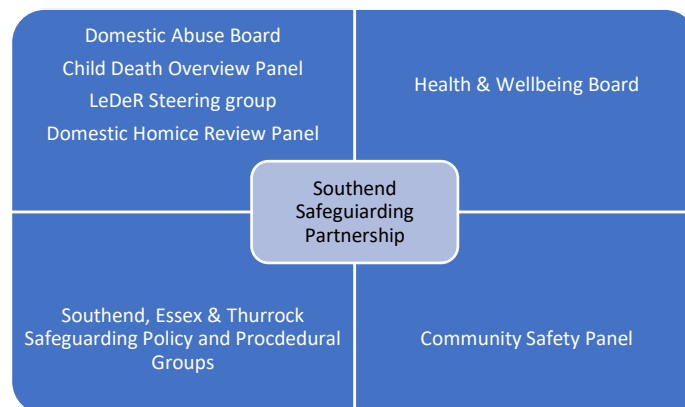
What We Do

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 in our Communities.

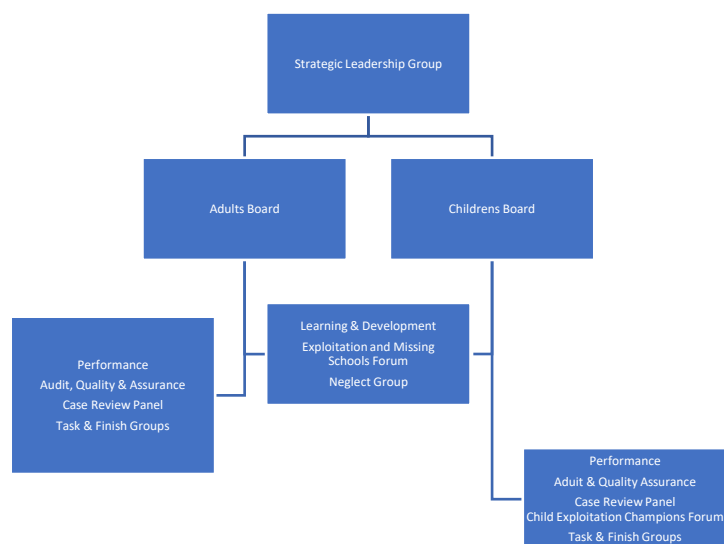
6. Structure and sub-structure of Southend Safeguarding Partnership

(P. Hill, Business Manager SSP)

6.1. Southend Multi Agency Groups Meetings

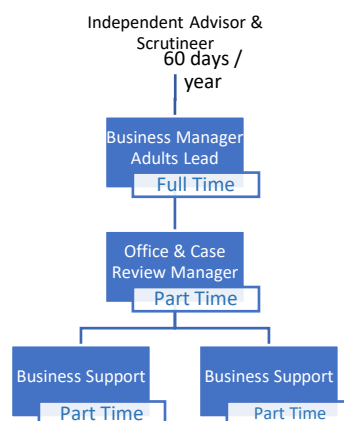


6.2. Southend Safeguarding Partnership Meeting Structure

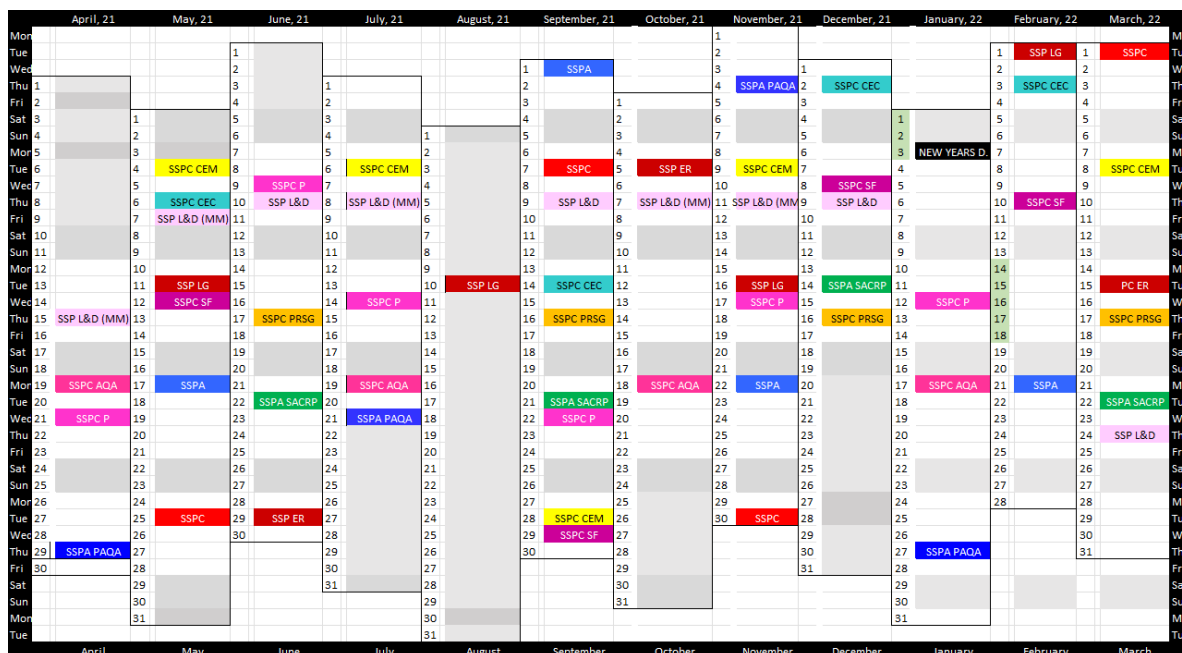


6.3. Southend Safeguarding Partnership Structure

Structure is interim (at time of writing this report)



6.4. Southend Safeguarding Partnership Meeting Calendar April 2021 – March 2022



TAG	TIME	NAME
PC ER	1000 - 1130	Partnership Chairs Engine Room
SSP LG	1000 - 1130	(11 Aug 1100-1230) SSP Leadership Group
SSPC	1000 - 1230	SSPC Partners
SSPA	1000 - 1230	SSPA Partners
SSPC P	0930 - 1130	SSPC Performance
SSPC AQA	1000 - 1200	SSPC Audit, Quality & Assurance
SSP L&D	1000 - 1200	SSP Learning & Development
SSPC PRSG	0930 - 1130	SSPC Practice Review
SSPA SACRP	0930 - 1130	SSPA Safeguarding Adults Case Review Panel
SSPC CEM	0930 - 1130	SSPC Child Exploitation & Missing
SSPC CEC	1600 - 1800	SSPC Child Exploitation Champions
SSPC SF	1600 - 1730	SSPC Schools Forum
SSPA PAQA	1000 - 1200	SSPA Performance, Audit, Quality & Assurance
		Weekend
DATE		School Holidays (October & December Holidays guessed!)
NAME		Public Holiday
Business Support		
CE	JC	Other
Mon/Tue/Wed	Wed/Thur/Fri	
SSPC	SSPA PAQA	SSP LG
SSPA	SSP L&D	SSP ER
SSPC P	SSPC PRSG	
SSPC AQA	SSPC CEM	
SSPA SACRP	SSPC CEC	
	SSPC SF	

7. Links with other Key Partnerships

(P. Hill, Business Manager SSP)

SSP representatives attend a number multi agency meetings including:

National:

- The Association of Safeguarding Partners (TASP)
- Career Pathway (sub-group)
- National Association of Designated Safeguarding Leads (NADSL)
- Data provision and Management (sub-group)
- Safeguarding Adult Board Manager Network

Regional and 'Southend Essex & Thurrock':

- Association of Directors of Adult Social Services (ADASS) and Safeguarding Adult Board (SAB) Managers
- Safeguarding Adult Board Manager Network
- Eastern Region Child Death Forum

- Southend, Essex and Thurrock (SET) COVID group
- Southend, Essex and Thurrock (SET) Procedures group (Adults and Childrens)
- Southend, Essex and Thurrock (SET) Domestic Abuse Board
- Southend, Essex and Thurrock (SET) Suicide Steering Group
- Southend, Essex and Thurrock (SET) Domestic Homicide Review Group
- Southend, Essex and Thurrock (SET) Child Death Overview Committee
- Wider Eastern Information Stakeholder Forum (WEISF)
- Learning Disabilities Mortality Review (LeDeR) Steering Group

Local:

- Health & Wellbeing Board (Southend)
- Community Safety Panel (Southend)
- Safeguarding Concerns in Care Settings
- Southend Homeless Action Network (SHAN)
- Southend Against Modern Slavery (SAMS)

8. National, Regional and ‘Southend, Essex and Thurrock’ (SET) Partners

(P. Hill, Business Manager SSP)

We have included some of the examples of the work engaged in outside Southend; in National Groups across the Eastern Region of England and with Southend/Essex/Thurrock (SET); where Partnerships work together and learn from each other.

8.1. National

- The Association of Safeguarding Partners (TASP)
 - Career Pathway (sub-group): The SSP Business Manager has been a fundamental part of the production of a competency framework for the role of Business Manager for Multi Agency Partnering arrangements. The work has been consulted on nationally and the group is now discussing with education providers the appropriate academic route for the delivery model.
- National Association of Designated Safeguarding Leads (NADSL)
 - Data provision and Management (sub-group): The SSP Business Manager has been a fundamental part of the production of a data sharing and collection guidance note for all safeguarding partnerships (Performance Framework for Safeguarding Adult Boards). SSP has an excellent Dashboard that took 18 months to bring online and has recently been evaluated after one year of ‘live’ use. The experience of SSP in the creation, production and use of the Dashboard has been shared and has significantly influenced this work.
- Safeguarding Adult Board Manager Network
 - Safeguarding Adult Reviews – In Rapid Time (SAR-RT): The SSP Business Manager investigated the use of SAR-RT across the National Business Managers’ network. The review highlighted several local variations but also many similarities. The outcome of the work was the production of a set of principles that would be considered on every occasion a situation met the initial criteria that might start a Safeguarding Adult Review. If the situation met the set of principles a SAR-RT could be used to identify the learning for Partners.

8.2. Regional and ‘Southend Essex & Thurrock’

- Association of Directors of Adult Social Services (ADASS) and Safeguarding Adult Board (SAB) Managers
 - The SSP manager has engaged in the production of new SAR Quality Markers produced by the Social Care Institute for Excellence (SCIE)

- The SSP Manager has represented the Safeguarding Board Managers National Network on a number of occasions, making sure that the ADASS Group is cognisant of the needs of Safeguarding Partnerships.
- Safeguarding Adult Board Manager Network
The meeting is used to identify national reports and changes that will impact on Partners activity and outcomes; examples of these include:
 - NHS Safe and Well Being Reports
 - Safeguarding Vulnerable Dependent Drinkers
 - COVID-19 Safeguarding Adults Insight Project
 - Care Quality Commission (CQC) – Out of sight – who cares?
- Eastern Region Child Death Forum
This Essex Police led forum has just been opened to Safeguarding Board managers and we have attended only one meeting so far. The purpose of the meeting is to share reports, case studies, and other information around child death or non-accidental injuries to children for the purposes of learning and improving how we deal with such matters.

8.3. Southend, Essex and Thurrock (SET)

- **COVID group**
The SET COVID Group has met throughout the pandemic and shares risk assessments, policy, responses and resources where appropriate.
- **Procedures group (Adults and Childrens)**
There is a SET Procedures group for both Adults and Childrens. The SSP Business Manager currently chairs the Adults group. SSP Member Agencies and Residents of Southend regularly move and work across SET boundaries, and to ensure that policies and procedures for safeguarding are not confused by this movement and support the delivery of services, it is appropriate that many policies and procedures are shared. These group have a Working Plan that reviews existing documents and will work together to publish new guidance if required by change in circumstance, need or legislation.
- **Domestic Abuse Board (SET DAB)**
The Southend, Essex and Thurrock Domestic Abuse Board (SETDAB) is made up of representatives from agencies and organisations working to join up and better facilitate Southend, Essex and Thurrock’s vision to work together to enable everyone to live a life free from all forms of domestic abuse. The Board is responsible for designing and implementing the Domestic Abuse Strategy across Southend, Essex and Thurrock. SETDAB provides strategic leadership to address domestic abuse by providing a multi-agency framework, common ethos and co-ordinated approach to innovate, drive change and address domestic abuse. SET DAB’s Strategy 2020-2025 is available [here](#).
- **Multi-Agency Risk Assessment Team and Conference (MARAT / MARAC)**
Statement of Purpose The MARAC is a risk management meeting where professionals share information on high risk cases of domestic violence and abuse (those at risk of murder or serious harm) and put in place a risk management plan.
MARAC responsibilities The MARAC is a multi-agency safeguarding conference attended by various statutory and voluntary agencies. It works to the principles that Domestic Abuse safeguarding is **everyone’s responsibility** and conforms to the Safe Lives protocol for MARACs nationwide. The MARAC process does not change the expectations of all agencies in relation to safeguarding children and adults. These are set out within the Southend, Essex and Thurrock (SET) Procedures for children and the SET Procedures for adults. They apply to the statutory, voluntary, community and faith sectors. MARAC Operating Protocol is designed to enhance existing arrangements rather than replace them. There is a MARAT Information Sharing Agreement and a Privacy Impact Assessment.

Data

There were a total of 424 high risk referrals made into Southend MARAC during the above period. Of these 386 progressed to conference and were discussed. The difference in numbers would be down to either the victim moving out of area prior to being heard, (most frequent reason and a transfer to MARAC in relevant area would be completed), the perpetrator being sent to custody for a prolonged period or the case did not meet the criteria of high risk (small number).

79% of referrals came from Police, with the second biggest referrer being our commissioned Domestic Abuse service Safe Steps and the rest from various agencies including adult community services, mental health services, and housing services.

Of the 386 referrals heard at full MARAC 33% of perpetrators were repeat perpetrators heard at MARAC within the last 12 months and 27% of victims were repeat victims heard at MARAC within the last 12 months. This falls within the Safe Lives guidance of between 28-40%. There were 271 referrals where there were children in the household potentially impacted by the domestic abuse. All of the cases were heard at Conference within 14 working days of referral, as per Safe Lives guidelines. This has proved easier to achieve when the Conference moved to MS Teams due to the pandemic, and cases are heard twice a week on a Tuesday and Thursday morning.

Of the 424 referrals:

- 92% of the victims were female, 8% of the victims were male.
- 8% of the perpetrators were female, 92% of the perpetrators were male (I mention this as there are same sex relationships)
- 60% of perpetrators were known to have substance misuse issues
- 29% of victims were known to have substance misuse issues
- 8% of perpetrators had been officially diagnosed with a mental health condition
- 19% of victims had been officially diagnosed with a mental health condition (mental health diagnosis from a medical professional)
- *It is worth mentioning here that the percentage of those victims and perpetrators who mention undiagnosed mental health issues is much higher than the above figures but we only record those who have had a diagnosis, rather than those who feel themselves that there could be issues.*
- Disability data and Vulnerable Adult data is not currently reflective as we are not notified of this until the MARAC itself, but the information goes onto the system pre-MARAC. We are currently trialing a new process that will hopefully result in highlighting and recording disability data more accurately.

Examples of additional Safeguarding issues highlighted during MARAC for children:

- Victim heard 4/5/21 Athena 42/78659/42 victims unborn child and siblings the conference felt were still at risk of harm therefore they were stepped up to MASH+ who further explored safeguarding with the family.
- Victim heard 6/7/21 Athena 42/114308/21 victims child was open to Children's Social Care however such were the risks explored at the MARAC that the CSC representative felt the case should be stepped up to child protection. He shared the concerns and risks highlighted to the social worker
- Victim heard 19/10/21 Athena 42/213171/21 victims child was re-referred to MASH+ following the sharing of a list of additional concerns at MARAC and was opened.

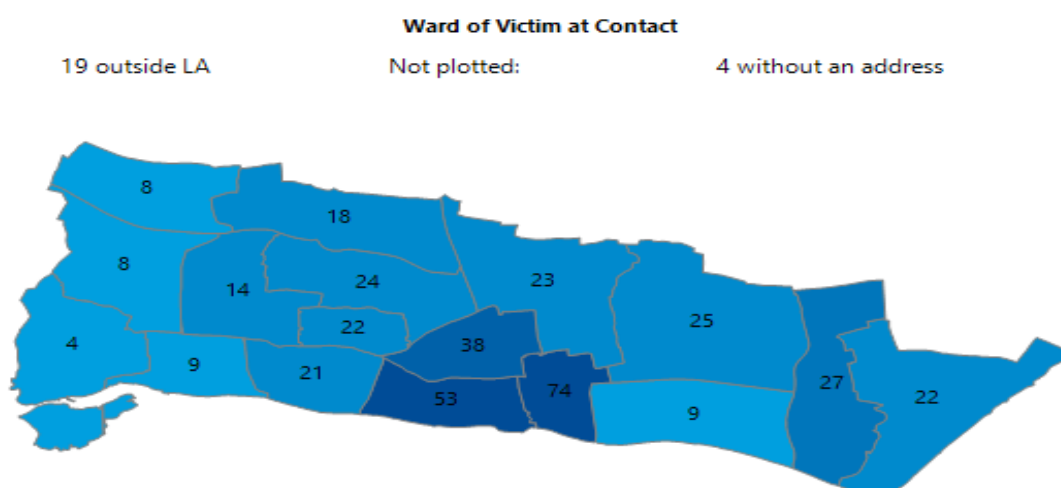
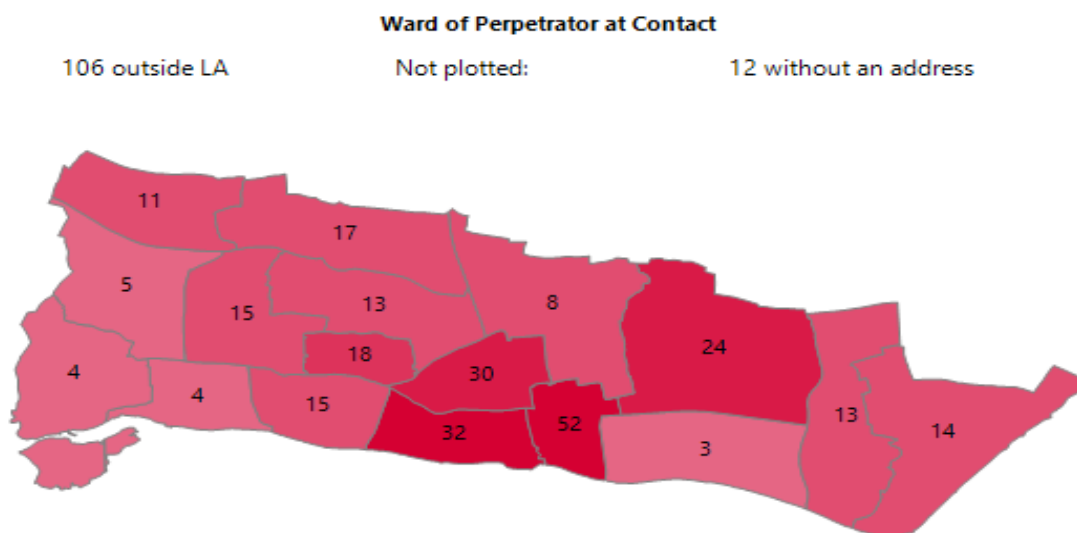
Of the 271 cases heard where there were children in the household, there were 69 cases where additional safeguarding issues were highlighted during the MARAC

Examples of additional Safeguarding issues highlighted during MARAC for adults:

- Victim heard 15/2/22 Athena 42/27164/22 Adult services were present and were going to look into concerns for the perpetrators father. It was stated that the perpetrator was his carer.

- Victim heard 21/12/21 Athena 42/278556/42 concerns were raised for the risks to the victim’s elderly mother as the perpetrator was the victims brother and he was the carer for their mother.

There were 13 cases identified with additional safeguarding risks to adults



- **Suicide Steering Board**

The establishment of the Essex Suicide Prevention Steering Board (‘the Board’) supports the National Strategy which makes clear that no one organisation can directly influence all of those factors which may contribute to a person taking their own life and as such requires commitment and action across all sectors. The establishment of the Board is intended to ensure closer partnership working between Essex, Southend-on-Sea, and Thurrock Councils, as well as our neighbouring counties Suffolk and Hertfordshire in line with the establishment of the Sustainability and Transformation Partnerships (STP’s) who are tasked with delivering the ambitions of the NHS as set out in the Five Year Forward View.

- **Domestic Homicide Review Group & Child Death Overview Committee**

These group are set up to oversee the review of deaths of children and adults where there is evidence of harm caused by abuse, exploitation or neglect.

- **Wider Eastern Information Stakeholder Forum (WEISF)**

WEISF is a partnership network of information governance professionals supporting good information governance and best practice. It helps partners with General Data Protection Regulation (GDPR) compliance and transparency in data sharing.

The partners work together to:

- Make the citizen experience better through improved information sharing
- Share knowledge and best practice via regular meetings
- Have a standardised Information Sharing Protocol (ISP) template for all partners to use
- Publish all ISPs on the WEISF Portal to meet our transparency obligations
- Provision of templates, national guidance and other resources
- Understand our roles and responsibilities under data protection and other information laws
- Inform strategic decision making

- **Learning Disabilities Mortality Review (LeDeR) Steering Group**

LeDeR is a service improvement programme for people with a learning disability and autistic people. Established in 2017 and funded by NHS England and NHS Improvement, it's the first of its kind.

LeDeR works to:

- improve care for people with a learning disability and autistic people
- reduce health inequalities for people with a learning disability and autistic people
- prevent people with a learning disability and autistic people from early deaths

A LeDeR review looks at key episodes of health and social care the person received that may have been relevant to their overall health outcomes. We look for areas that need improvement and areas of good practice. We use these examples of good practice to share across the country. This helps reduce inequalities in care for people with a learning disability and autistic people. It reduces the number of people dying sooner than they should. So far, we've completed over 500 reviews in Essex. We have found out lots of information and learning on the best way to carry out these reviews. We use the data and evidence to make a real difference to health and social care services across the country.

There are several different review processes for people who die. For example:

- child death review
- safeguarding adults' review
- review of deaths of people in hospitals

If this is the case, we will work together to try to avoid unnecessary duplication. Reviewers will make it clear to families where and how the LeDeR process links with other reviews or investigations.

"There is close working between Southend Safeguarding Partnership and the LeDeR programme with representation at Steering Group and an MoU in place describing the interface. LeDeR reviews are not completed until safeguarding investigations have been completed and reflect safeguarding recommendations. Additional items arising from LeDeR reviews this year have been the unwillingness of people to raise safeguarding concerns where self-neglect is an issue for people with learning disability and a lack of shared information and approaches making it difficult for anyone to see the whole picture and intervene appropriately. The full LeDeR End of Year report will be shared with the Safeguarding Partnership when complete." Rebekah Bailie: LD Health Commissioner and lead for LeDeR in Essex.

9. SSP Strategy 2021/2024

(P. Hill, Business Manager SSP)

The full Strategy document is available [here](#)

A summary of the Strategy is available [here](#)

In developing this Strategy Partners organisational strategy, aims and objectives, their assessment of their own 'safeguarding' performance and the performance of the Partnership were reviewed. It has also been exposed to service users through Partner forums and agreed by all parties as the most appropriate way forward.

Delivery of work set against these priorities are visible in the Subgroup summaries later in this document.

9.1. 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.

9.2. VULNERABLE ADULT PRIORITIES

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

9.3. CHILDRENS PRIORITIES

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

9.4. ADULTS AND CHILDRENS SHARED PRIORITIES

10. Neglect – promote the understanding of the issue.
11. Prevention – work with Partners to identify and reduce the cause of harm and abuse.
12. 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)
13. Ensure that Partners have the tools and forums to discuss complex needs and the facility to manage any internal conflict.
14. Ensure that any change or new guidance is considered and implemented with the victim at the center of its thinking
15. Ensure we develop the professional curiosity of practitioners.
16. Highlight the importance of reporting and recording accurately, to ensure Partners have the best information and can understand the history of a victim.

10. Performance (Adults)

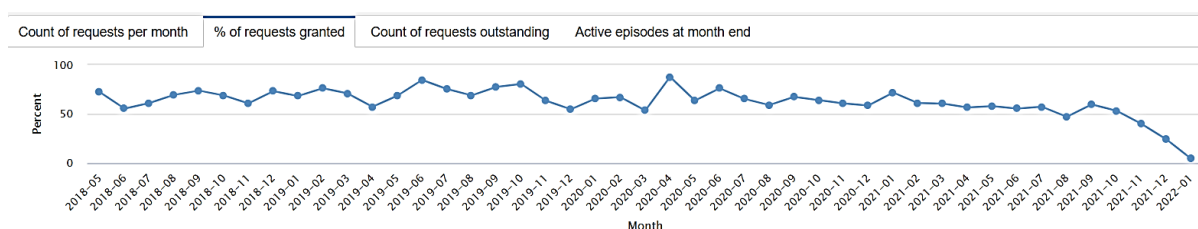
(P. Hill, Business Manager SSP)

Southend Safeguarding Partnership has developed, alongside its strategic partner, Southend City Council, the best Safeguarding Dashboard in the Country. The Dashboard relies on ‘pushed’ data that comes directly from Partners Data Managers (facilitated by appropriate data sharing agreements) and is available to all partners ‘live’ on-line 24/7. Graphs and charts in the Dashboard can be manipulated to show specific data and to change date ranges.

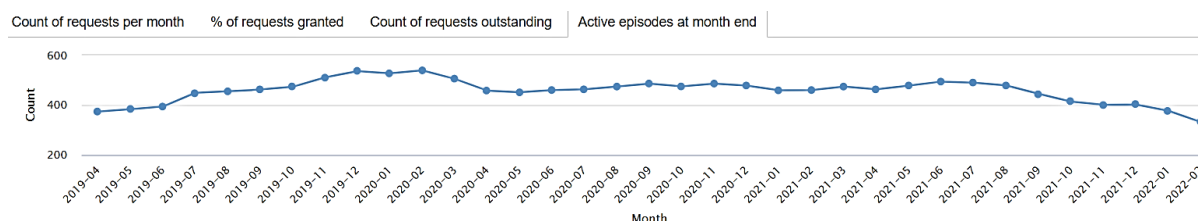
The Dashboard is reviewed at every Adults and Childrens Performance meetings; looking for trends, data outliers or reaction to change or activity.

The Dashboards are not visible to the public as some of the data, if carefully interrogated might identify residential premises.

Some of data is also known to offer ‘changing views’ (i.e. the data can change in a given quarter over time – known as ‘lagging’), and example of this is the data referring to the ‘Deprivation of Liberty’ ‘requests’ and ‘granted’.



The recording system captures requests when entered into the system, and so the important data in this regard is the number of outstanding requests at the end of the month; seen here to be improving:



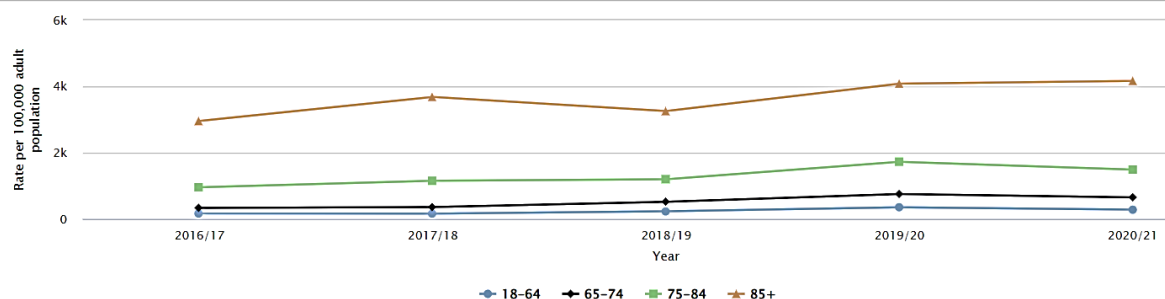
Note: These counts have only been calculated from April 2019 as episodes may remain open for 1 year

Below are only a very few of the examples of areas identified by our Dashboards and considered by Southend Safeguarding Partnership; and that have caused further investigation:

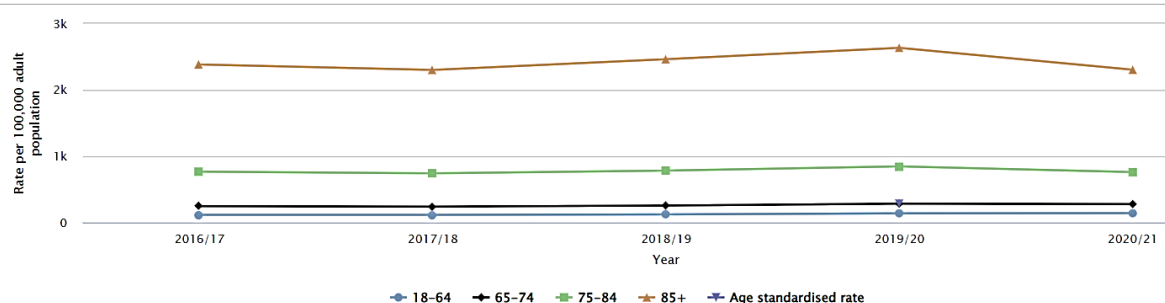
10.1. SECTION 42 ENQUIRIES

This item shows the age group breakdown of individuals who were involved in a Section 42 enquiry that commenced during each year. The charts show the age standardised rate of Section 42 enquiries per 100,000 adults to compensate for the different age demographic between Southend and England overall.

Individuals by standardised age groups (Southend)



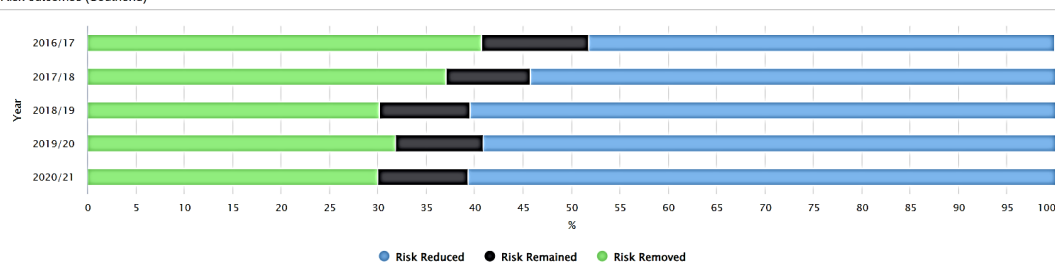
Individuals by standardised age groups (England)



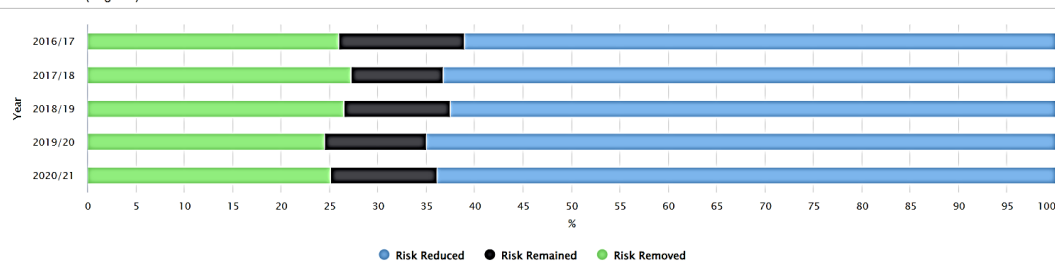
Southend has (in all 4 age groups) almost double the number of referrals compared to England overall. This might be a result of either more adults at risk of harm, exploitation, or neglect (HEN) in Southend; or Partner agencies in Southend being more aware of the route for reporting HEN. Partners are aware of the position and constantly review both the standard of referrals and the trends visible in referrals to explore opportunity for early help and/or prevention.

Given the higher number of referrals it is also appropriate to consider referrals outcomes. As part of an enquiry an assessment of the risk to the individual is made and where a risk is identified the outcome is recorded at the conclusion of the enquiry. This section compares the outcomes of enquiries that concluded each year for England and Southend on Sea. Multiple results can be included in the table if multiple risks have different assessments and result in different outcomes.

Risk outcomes (Southend)



Risk outcomes (England)

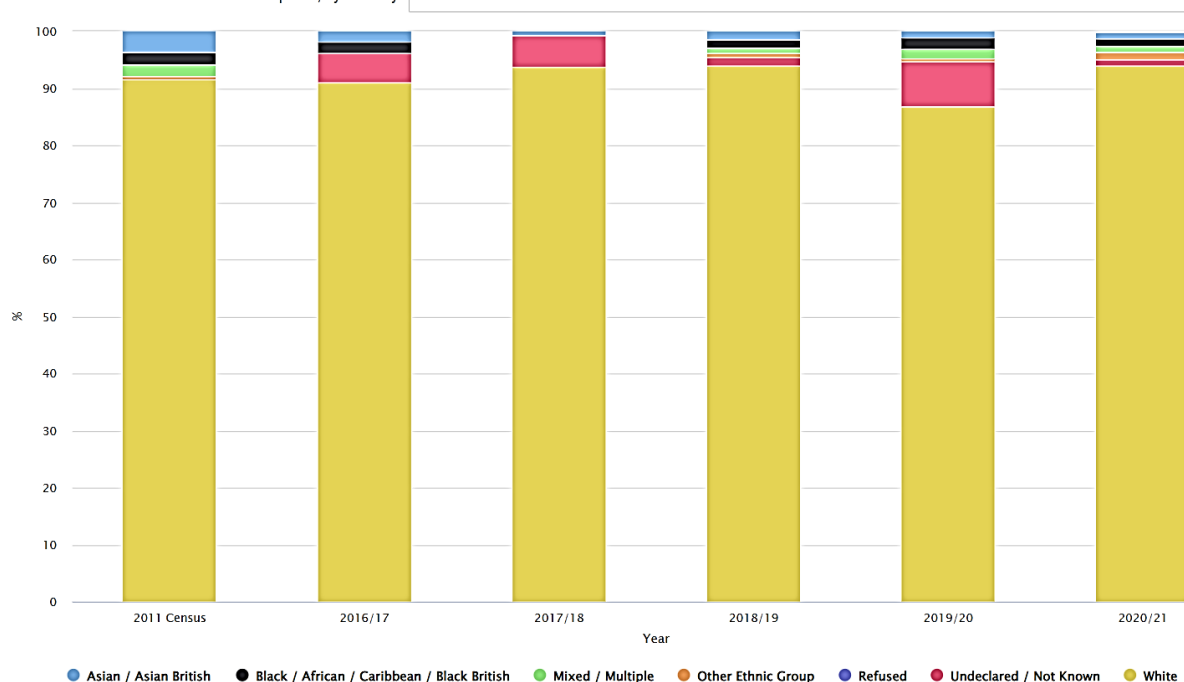


Southend records on 5% more occasions that the risk is removed and 2% less occasions the risk remains.

10.2. Ethnicity

This section analyses the breakdown, by ethnicity, of individuals who were involved in a Section 42 enquiry that commenced during each year. For comparison, the results of the 2011 census are included to show the relative proportions of each ethnic group in the adult population of Southend.

Individuals with commenced Section 42 enquiries, by ethnicity

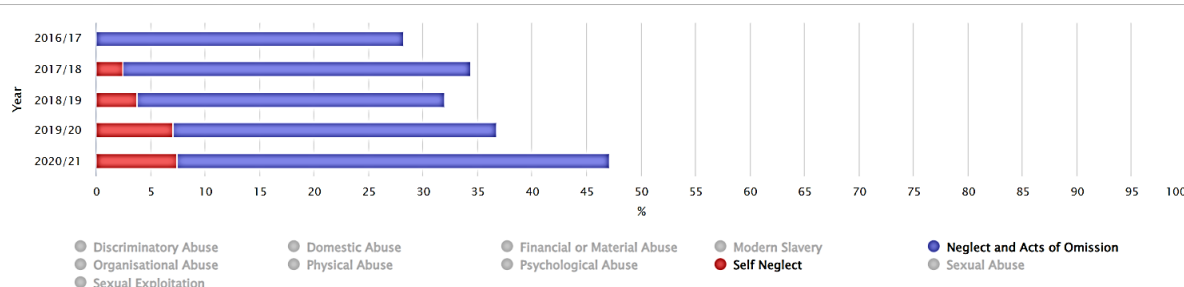


The Adults Performance group reviewed this in detail over a couple of sessions and after asking for more information about the demographics of the area. We discussed the potential impact of culturally different views of Partners and asking for external help. The discussions highlighted the need for practitioners to be culturally aware and empathetic; and for the performance teams to carefully monitor data to ensure that fair and equitable support is offered to minority groups in the area.

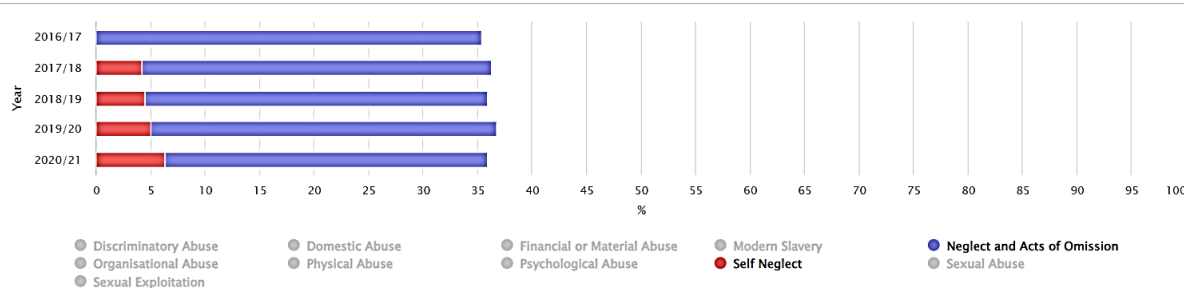
10.3. Neglect

This section analyses the breakdown, by type of risk, of Section 42 enquiries that were concluded in each year. One enquiry can include multiple counts in each of the data tables if more than one type, location or source of risk is identified during the enquiry. It should be noted that of the eleven risk types, four (modern slavery, self-neglect, sexual exploitation and domestic abuse) were submitted on a voluntary basis prior to 2017-18.

Individuals by type of risk (Southend)



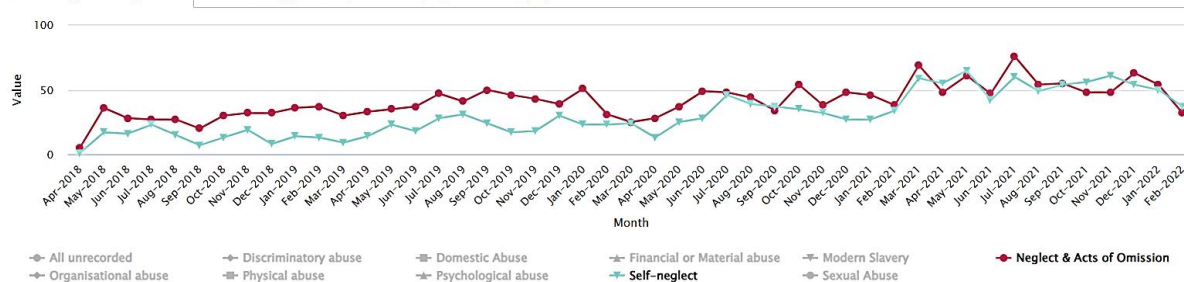
Individuals by type of risk (England)



As a result of this data the Southend Safeguarding Partnership set up a bespoke group to consider the issues of ‘Neglect’.

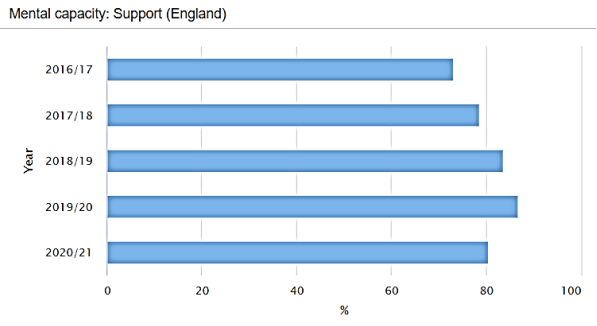
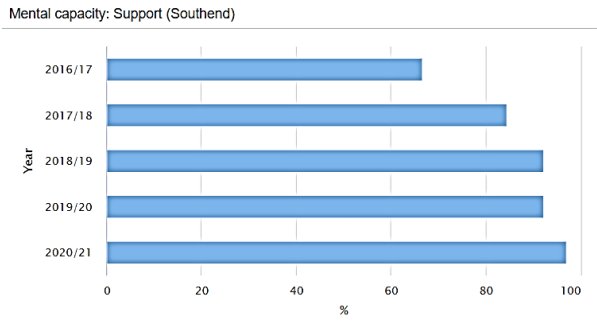
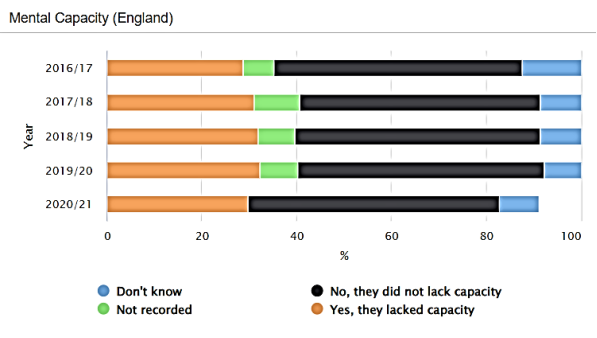
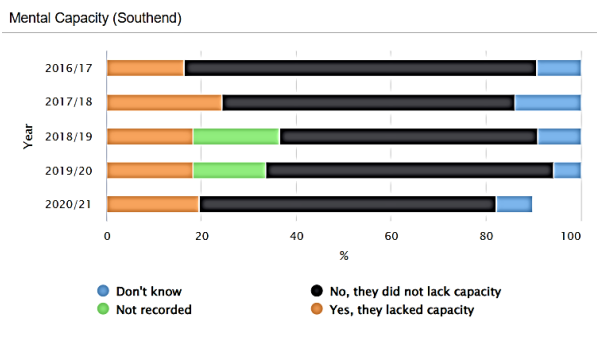
As we monitor the number of referrals that record neglect and self-neglect as the significant presenting issue we can see that there is a down turn. We now need to maintain this downturn and understand exactly what has made the difference – was it our concentration on the issue?

Concerns by presenting issues - % progressed to enquiry



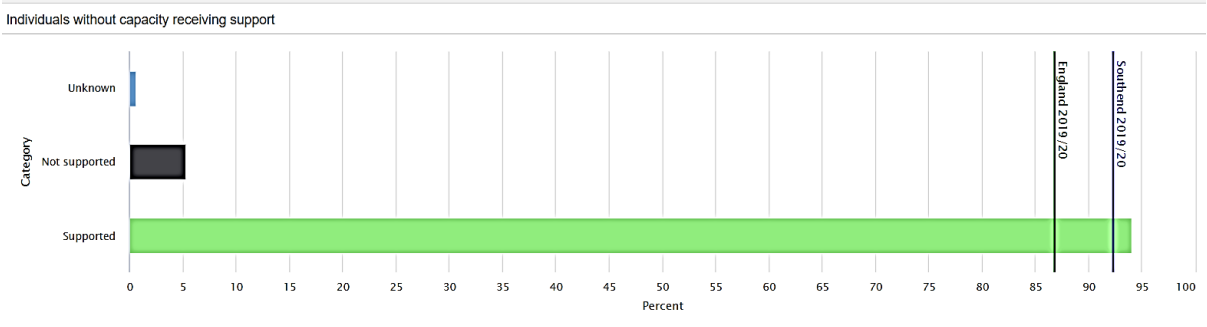
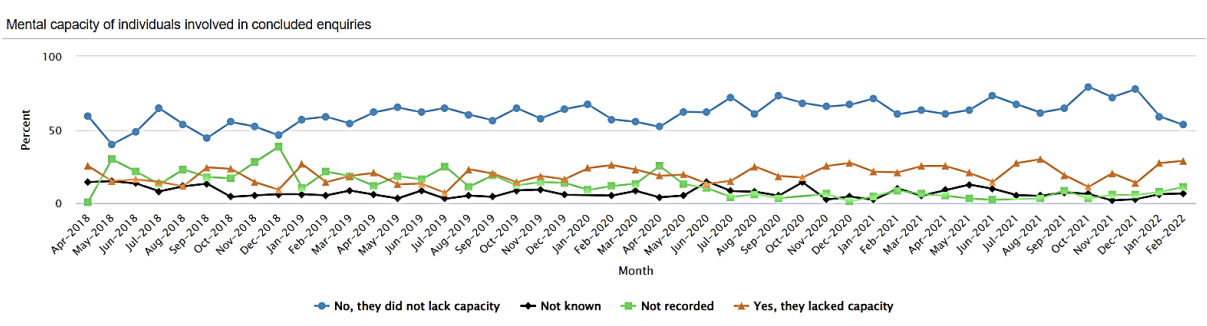
10.4. Mental Capacity

The top section looks at the mental capacity of individuals involved in concluded section 42 enquiries. Mental capacity in regard to safeguarding is assessed as the person’s ability to contribute to making decisions about their protection, including their participation in the safeguarding enquiry, as well as their mental capacity at the time of the incident causing a safeguarding concern and enquiry. The lower section shows, in respect of all Section 42 enquiries that concluded during the year, the proportion of those people who lacked capacity who were supported.



The data shows the improvement of services in Southend: in 2016-17 only 66.7% of people who lacked capacity and required support to engage with the S42 enquiry got support (that was recorded), in 202/2021 it was 97.1%.

We also considered the trending data to see if there was 'travel' that might assist in explaining the difference in data:



The investigation of this data considered those circumstances where the capacity was 'not known' and where support was not provided to those who lacked capacity. We discovered that there were several circumstances where the person in question was either unable to engage with the process, even with support, and an advocate represented their best interests; and also some circumstances where the person had died. The review of this data also raised the issue in the minds of practitioners and was found to help teams to talk through the routes available for support to be provided.

10.5. Domestic Abuse

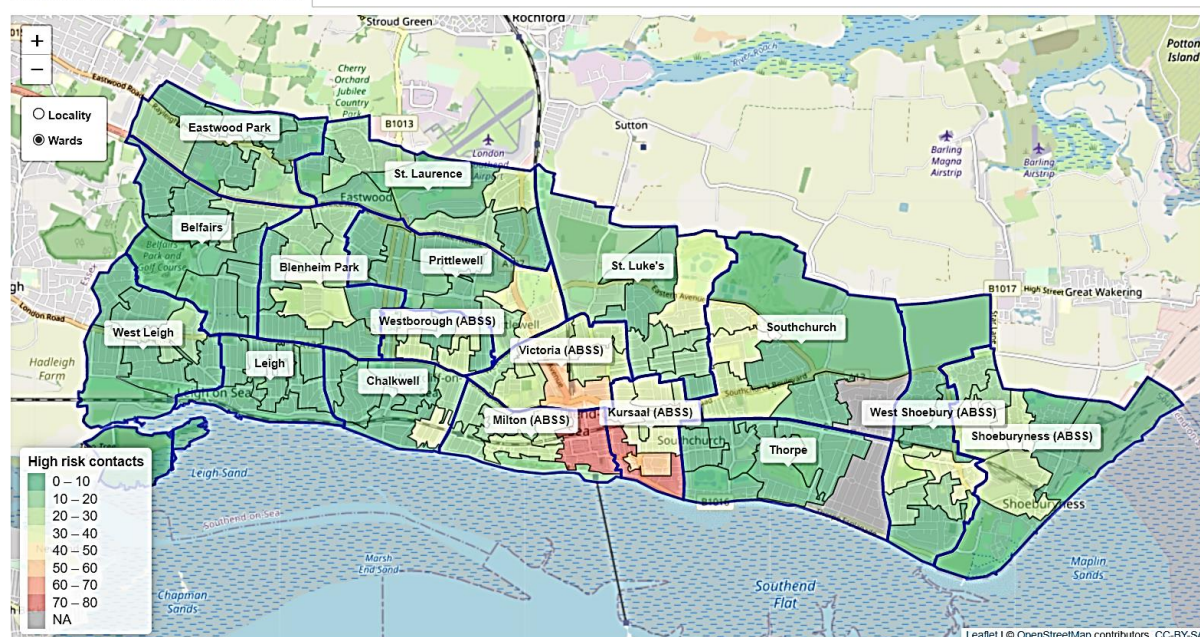
The **Multi-Agency Risk Assessment Conference (MARAC)** is a regular meeting to discuss how to help victims at high risk of murder or serious harm. A domestic abuse specialist (IDVA), police, children's social services, health and other relevant agencies all share information about the victim, the family and perpetrator, to enable them to devise an action plan to reduce risk for each victim. MARAC considers cases identified as 'high risk' by use of the Domestic Abuse, Stalking and Harassment and 'Honour'-based violence (DASH) risk model and develops a coordinated safety plan to protect each victim. This might include the actions agreed for any children, adults, and for perpetrators.

The following map layers show counts of contacts which reported incidents where there was a victim identified and a valid Southend Borough postcode was recorded.

Please note:

- Areas coloured grey with a count of 'NA' are those which have never had an incident recorded at any time.

MARAC contacts (All contacts and high risk only)



11. Performance (Children)

(P. Hill, Business Manager SSP)

The SSP Childrens Dashboard delivers in the same way described in the previous chapter for adults – A best in class, pushed data system that is live 24/7 online to all partners.

Below are only a very few of the examples of areas identified by our Dashboards and considered by Southend Safeguarding Partnership; and that have caused further investigation:

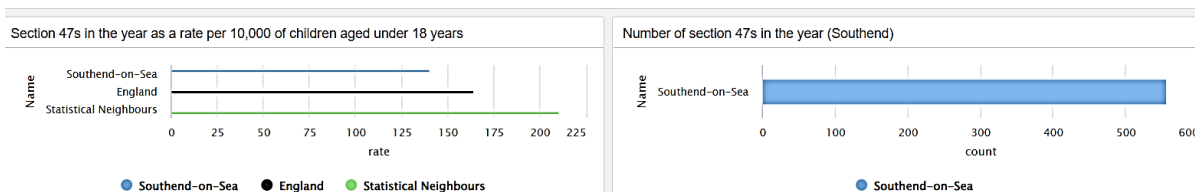
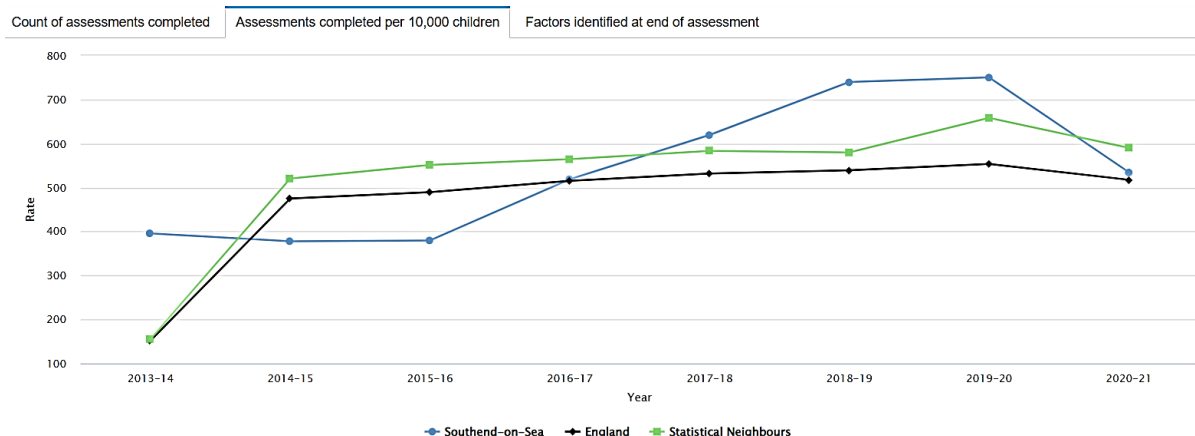
11.1. Multi Agency Safeguarding Hub (Referrals)

The MASH is a collaborative arrangement between Southend City Council Children's Services, Essex Police and Health Services.

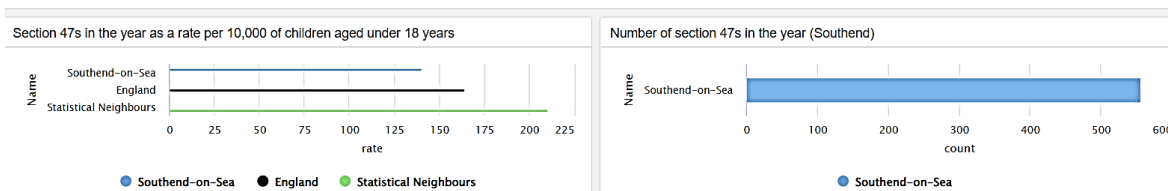
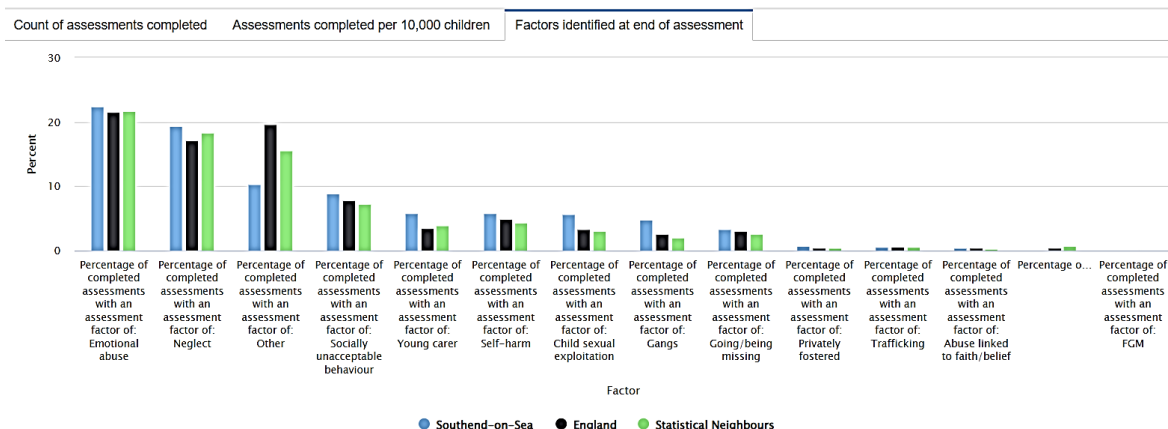
- CSC Team Manager
- CSC Practice Managers
- CSC Senior Practitioners
- CSC Duty Social Workers
- CSC Administrators
- Police Officer (DS, DC and Staff Member)
- Health Liaison Nurse (HLN)

The key principle is to improve the experiences of children, young people and families who are in contact with Southend City Council Children’s Services and to develop a multi-agency approach to protecting children at risk of significant harm.

Referrals to MASH result in an assessment of risk/need: The upper charts refer to assessments undertaken and the factors identified at the end of assessment. If more than one factor has been identified at assessment, each can be reported within the census. Most children will have more than one factor identified and reported. If the local authority identifies there is reasonable cause to suspect a child is suffering, or is likely to suffer significant harm, it will carry out an investigation under section 47 of the Children Act 1989 to determine if it needs to take steps to safeguard and promote the welfare of the child. If concerns are substantiated and the child is judged to be at continuing risk of harm, then an initial child protection conference is convened. The lower charts provide further analysis of investigations undertaken.



This significant change was reviewed alongside the outcomes of the assessments, shown in the graphs below:



The only outlier for Southends data here was visible in the third from the left 'bars' in the top graph 'Other'. This term refers to more obscure factors or where genuinely now known, but usually to where the factor is simply not recorded.

12. Performance – Delivery of recommendations from 'Multi Agency Review of Southend Safeguarding Partnership (Carol Brooks) 2020'

(P. Hill, Business Manager SSP)

Carole Brooks Associates (CBA) were commissioned by Tandra Forster and Michael Marks (Southend City Council Executive Directors) to undertake an evaluation of the Southend Safeguarding Partnership (SSP). The fundamental aim of the review was to help the SSP and component partners to reflect on the effectiveness of meeting their statutory responsibilities; how well they work together as a partnership to safeguard people in their local area and how well they understand impact of their work and the services within the local area.

CBA reported that it is a testament to the synergy of the SSP that when deciding whether to report findings separately for children and adults, there appeared to be so many common areas that a combined report was provided with specific findings as appropriate.

Summary of Recommendations:

1. Maintain the current structure of a joint SSP and sub-groups, roles of Independent Adviser and Business Manager, with the exception of the Safeguarding Scrutiny Panel and reviewing the support resource within the business unit.
[\(Commentary – Recommendations delivered\)](#)
2. Review membership and reduce the operational footprint of the partnership, identifying how meetings and communications can be more succinct, strategic and effective.
[\(Commentary – Recommendations delivered and continue to be exercised within parameters of Terms of References \(all reviewed\) and resources\)](#)
3. Refresh the published arrangements to be more accessible and which include suggestions within this review.
[\(Commentary – Not delivered\)](#)
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.
[\(Commentary – Not delivered\)](#)
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.
[\(Commentary – Not delivered\)](#)
6. Accelerate and provide a stronger focus on listening and acting on the voice of Southenders, finding ways to do so during Covid.
[\(Commentary – Not delivered\)](#)
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.
[\(Commentary – Not delivered\)](#)
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.

(Commentary – Not delivered)

All outstanding recommendations appear in the Workplan to the SSP Strategy and are visible in the Action Plans included in the next section of this report

13. Work Delivered:

The two Southend Safeguarding Partnership Boards (SSPA and SSPC) are multi-agency partnership meetings made up of senior officers from education, adult social care, criminal justice, health, housing, community safety, voluntary organisations and service user representative groups. They co-ordinate strategic development of adults and childrens safeguarding across the Southend area; ensuring the effectiveness of the work undertaken by partner agencies.

The 'Subgroups' to these two Boards have been established to take direction and support the work of the Southend Safeguarding Partnership, to practically respond to their key priority areas, ensure local safeguarding arrangements are effective and deliver the outcomes that people want. They all act as mechanisms by which the SSP holds local agencies to account for their safeguarding work; including prevention and early intervention and co-ordinates strategic and operational safeguarding activity.

(see [SSP Structure](#))

13.1. SSPC Board

(M. Exley, Office and Case Review Manager SSP)

What we said we would do.

Strategy Ref.	Strategy 2021-2024 – Planned Activity	RAG
1.4	SSP will work with MARAT to ensure that the appropriate reporting route is available to all Partner Front line staff	Yellow
3.1	SSP will work alongside Partners to identify where there would be an advantage to work collaboratively	Green
3.2	SSP will seek assurance that Partners actively consider external agency involvement and engagement with their clients.	Green
4.4	Ensure that there is opportunity to include representatives from the community at all meetings (Lay-representatives)	Yellow
7.3	Review partners need for training and whether the SSP should change its offer	Yellow

What we did and how far it matched those commitments and what are the outcomes

The SSPC Board met quarterly with each of the meeting Agendas lending time for “standing items” to be presented including:

- The Business Managers Report detailing:
 - all SSPC activity over the preceding quarter and those items expected in the next quarter
 - Updates from all SSP (C) Sub-Groups and
 - Updates from all ongoing Child Safeguarding Practice Reviews
- An opportunity for any Partner to articulate extraordinary demand and risk
- The Risk Register, which is distributed ahead of each meeting and reviewed every 6 months by Partners for any amendments/updates to be considered
- An area for information only items, which could include published reports from both National and Local Partners Agencies alongside allocated time for representatives to receive specific presentations from partner organisations that are designed to ensure Partners are aware of each other’s future service changes and performance.

The strategic activities set for this group were met in part by the delivery of the following presentations, opportunity for discussion and agreement of partnership actions/recommendations and those actions/recommendations undertaken:

- Southend City Council (SCC) Early Help Strategy & the Delivery Plan– designed to update Partners with regard to the changes within Early Help settings, ensuring they have a better understanding of the services available.
- SCC Education gave a presentation on the Ofsted Report, regarding Sexual Abuse in Schools & Colleges - Partners were asked to note the recommendations within this report and agreed this should form a substantive item for many partner organisations, in order for discussions to be tabled, the issues to be highlighted and ideas to combat these issues formulated.
- Non-Accidental Injuries to Pre-mobile Babies (NAI) – the Final report findings for a multi-agency piece of work driven by the increase in numbers through the CV19 pandemic 1st wave. Learning from this audit was agreed for dissemination to the SSP Subgroups.
- Child E Report – the final report for the Learning Review for Child E was presented to partners for approval and discussions with regard to publication which was agreed to be approved once the case had completed its court proceedings. The learning from this review was agreed to be distributed to the subgroups for further work.
- National Child Mortality Database (NCMD), Suicide & Young People Report – Partners agreed the report findings and recommendations around a discussion, but felt it would be better placed with the SET suicide prevention group as a possible subject for a Task & Finish group
- Transitional safeguarding - Partners received a presentation regarding ‘Transitional Safeguarding’ from Southend Borough (now City) Council. Partners agreed a further event was required to explore the issue more widely (planned for May 5th 2022), which forms part of several activities arranged by SSP as a result of the findings of Case Reviews. Transition from a child to an Adult is difficult enough; when the child has special needs or has been the victim of abuse, exploitation or neglect they often need the support of Partners. Identifying and assessing the need, ensuring the services provided are joined up and person centered, whilst ensuring the 6 principles of safeguarding¹ are upheld sometimes goes wrong. The work of SSP is to support this process as part of the reaction to case reviews and to prevent future harm.
- Essex County Fire & Rescue Service (ECFRS), Support for Vulnerable people & their Prevention Strategy - both presentations designed to update Partners with regard to the changes within the ECFRS organisation, ensuring Partners have a better understanding of the services available, and how these changes potentially affect both negatively and positively their services or client base.
- Multi-agency Reform Kantar Report – a report looking into the behavioural drivers and barriers to multi-agency partnership working for children’s safeguarding in England, which encouraged Partners to look at the key findings and recommendations against their own.
- Suicide Ideation – a briefing paper distributed prior to the meeting stimulated discussion with regard to the increase in the number of suicides in Southend. The paper recommended the restarting of the Suicide Steering group (to match Essex and Thurrock).

The sharing of information items is detailed below and allow partners to take away information pertinent to their organisations, but have insight into those areas outside of their remit which might be of interest:

- The Sir Alan Woods Report on Multi-Agency Working
- Home Office quarterly Safeguarding updates
- The Essex Violence & Vulnerability Annual Report
- Dep of Health Letters regarding Integrated Care Systems

¹ <https://www.scie.org.uk/safeguarding/adults/introduction/six-principles>

- Think Family - The Think Family agenda has been supported by the production of a bespoke page on the Partnerships website <https://safeguardingsouthend.co.uk/think-family-learning-from-reviews/>
- Child Death Reviews Annual Reports
- SET Documents sent for consultation
- SSP Joint Response letter to the DfE's correspondence around safeguarding

13.2. SSPA Board

(P. Hill, SSP Business Manager)

What we said we would do.

Strategy Ref.	Strategy 2021-2024 – Planned Activity	RAG
1.4	SSP will work with MARAT to ensure that the appropriate reporting route is available to all Partner Front line staff	Yellow
3.1	SSP will work alongside Partners to identify where there would be an advantage to work collaboratively	Green
3.2	SSP will seek assurance that Partners actively consider external agency involvement and engagement with their clients.	Green
4.4	Ensure that there is opportunity to include representatives from the community at all meetings (Lay-representatives)	Yellow
7.3	Review partners need for training and whether the SSP should change its offer	Yellow

What we did, how far it matched those commitments and what were the outcomes.

The SSPA Board met quarterly and received several presentations that are designed to ensure Partners are aware of each other's future service changes and performance.

The SSPA Board meeting has a number of 'standing items' received at every meeting, including:

- Updates from all SSP (A) Sub-Groups and
- Updates from all ongoing Safeguarding Adult Reviews and Domestic Homicide Reviews
- A Board Managers report of all SSPA activity over the preceding quarter
- An opportunity for any Member to articulate extraordinary demand and risk
- Presents the current SSPA Risk Register
- A section that includes information for information only (such as published reports from Partners Agencies)

The strategic activities set for this group were met in part by the delivery of the following:

- Department of Work and Pensions – Presentation about how they meet the needs of vulnerable customers.
 - Members of SSP will be better placed to understand the support available and be able to signpost DWP appropriately if they see a need unmet.
- Transforming Care Partnership – The meeting has received regular updates and presentations to update the Partnership on the governance changes for the 7 Clinical Commissioning Groups in Southend, Essex and Thurrock.
 - The link between Health and other services is paramount to the protection of vulnerable adults. Rarely does a person only need the support of a single agency. Keeping informed about changes in governance will assist in the smooth transition of communication between services during this period of transformation.

- LeDeR – A presentation on the progress of the backlog of reviews required by this group The meeting receives regular updates regarding the outcomes from all the LeDeR reviews and the actions taken by Partners.
 - (see update earlier in this document in section '[National, Regional and 'Southend, Essex and Thurrock' \(SET\) Partners'](#))
- Liberty Protection Safeguards (LPS) – The impending change from the Deprivation of Liberty Standards to LPS has had a number of delays. The change in legislation changes the people to whom it refers, the manner it is delivered, and the agencies involved. The SSP have been kept up to date with all the changes and the preparations being made for its introduction.
 - The move to LPS will have a significant impact on many SSP Partners. The need to retrain staff, create policy and procedure and ensure that there is capacity for new/changed work needs cross organisation understand. These updates facilitate the sharing of information that is used to shape this essential work.
- Local Probation Service (LPSe) – The Partnership were kept up to date with the rejoining of both parts of the probation service and given an update of the performance once combined.
 - Many people who are subject to the management of probation services also require services from other SSP Partners. Understanding what each other provide / don't provide etc. is vital to the appropriate maintenance of their, and the publics, safety.
- Neglect - The Sub-Group that was concentrating on issues of 'Neglect' moved governance twice over the year. It started as a drive from this group and quickly moved to a group reporting to the Health & Wellbeing Board 'Thriving Communities'.
 - The group is moving back under the governance of Southend Safeguarding Partnership (as this report is being written) to gain some direction and momentum.
- Dashboard - The Meeting received the 'SSP Dashboard Review' and chose not to make any alteration to the dashboard as it is functioning well, and the expected cost (£50k) was prohibitive.
 - The review was completed exactly 1 year after the dashboard went live. It was clear that Partners of SSP use the dashboard differently and the benefits they receive are dependent on the effort put into analysis. The SSPA Performance Group review the Adults Dashboard every quarter and there have been several tangible and demonstrable benefits (see [SSP PAQA Sub-Group Update](#)). The SSPC Performance group are only just getting used to the Childrens Dashboard but are starting to review it every quarter.
- Essex County Fire & Rescue Service (ECFRS) - The meeting received a presentation from Essex County Fire & Rescue Service regarding their new 'Prevention' strategy.
 - The presentation caused several Partners to contact ECFRS after the meeting to explore how their home safety visits could be better targeted to people at risk, and ho their Fire Break schemes could be used locally.
- Transition - The meeting received a presentation regarding 'Transitional Safeguarding' from Southend Borough (now City) Council. The meeting agreed a further event was required to explore the issue more widely (planned for May 5th, 2022).
 - This is part of several activities arranged by SSP as a result of the findings of Case Reviews. Transition from a child to an Adult is difficult enough; when the child has special needs or has been the victim of abuse, exploitation or neglect they often need the support of Partners. Identifying and assessing the need, ensuring the services provided are joined up and person centered, whilst ensuring the 6 principles of safeguarding² are upheld sometimes goes wrong. The work of SSP is to support this process as part of the reaction to case reviews and to prevent future harm.

² <https://www.scie.org.uk/safeguarding/adults/introduction/six-principles>

- The Gangmaster and Labour Abuse Authority (GLAA) offered presentation that included some of the intelligence led work that has been delivered in Southend. The presentation persuaded Members that they needed to raise the profile of the work with their workforce.
 - The GLAA have been involved in enforcement activity around the coast of Southend (Leigh on Sea) engaging with Cockle pickers. The presentation informed partners of the types and areas where labour exploitation occurs. The presentation was followed by an event in Southend High Street to raise public awareness.



- Self-Assessment - The Bi-Annual Self-assessment was not completed this year but the plans for the next year's survey and staff survey has been discussed.
- Street Prostitution - The meeting received a presentation about Street Prostitution in the area. It highlighted the difficult relationship the women had with services and their imminent needs.
 - The presentation raised members awareness of the vulnerable street sex workers and their difficulty in accessing services.
- Care Quality Commission (CQC) – Community Health Survey – The meeting received the presentation and explored the issues raised by the findings.
- Out of Sight – Who Cares? The CQC report on the care of vulnerable adults was presented to the meeting. The issues raised in the report were discussed further outside the meeting in a regular CQC/CCG/SCC/SSP meeting.
- Suicide Ideation – The number of suicides in Southend is increasing. A paper was presented that recommended the restarting of the Suicide Steering group (to match Essex and Thurrock).
- Think Family - The Think Family agenda has been supported by the production of a bespoke page on the Partnerships website
<https://safeguardingsouthend.co.uk/think-family-learning-from-reviews/>
- Tricky Friends Animation - The Partnership has produced and shared an animated video to assist help Vulnerable people understand some of the dangers when making friends. The video was originally produced in Norfolk and made available for 're-branding' through the Business Managers Network. (the video has had nearly 400 views)
<https://www.youtube.com/watch?v=MJpzsS4Jbp0>
- Labour Exploitation Event – 17 December – Southend High Street
 The event was held in a marquee and was designed to raise the awareness of labour exploitation in the area.
 - Southend Against Modern Slavery
 - Gangmaster and Labour Abuse Authority
 - National Crime Agency
 - Southend Safeguarding Partnership
 - Southend Borough (now City) Council
- Tier 4 Beds – The meeting received a survey completed by SSP regarding the availability and issues cause by the lack of 'Tier 4 Beds'.
- Service User Surveys – The meeting received a report that offers the use of the SSP website to collect independent User Surveys – The opportunity is still being discussed.
- National Safeguarding Adults Week (NSAW) (15-21 November)
 The NSAW 2021 theme was 'Creating Safer Cultures'. Each day focused on a specific topic to facilitate conversations around the theme of creating safer cultures.
 - Monday Emotional Abuse and Safeguarding Mental Health
 - Tuesday The Power of Language

- Wednesday Digital Safeguarding
- Thursday Adult Grooming
- Friday Creating Safer Organisational Cultures
- Weekend Safeguarding and You
- Media Pack and Ann CraftTrust resources shared with Partners
- SET agenda and NSAW Poster shared with Partners

Delivery:

GP Representative: Activities during this week have included sharing of all the training amongst primary care clinicians on social media which included both Facebook and Twitter. Sharing of all the opportunity to learn occurred at time to learn for all GPs and primary care clinicians also.

CQC: The Communications team shared a number of the social media posts relating to the week.

South East College (Southend Campus): Shared some of the posts on the Safeguarding Instagram Page. [Wellbeing & Safeguarding Team \(@safeguarding_sec\)](#) • [Instagram photos and videos](#)

Southend City Council – Posters displayed in corporate and social media posts

Essex County Fire & Rescue - Advertised Safeguarding Week on the intranet with links to some of the sessions being held. ECFRS also used this as an opportunity to reiterate safeguarding processes and to link employees with the guidance notes we have available on subjects such as Hoarding, Scams, Modern Slavery etc.

SAVS: Data from posts put out in support of NSAW.

Twitter

- Total TW impressions - 1,821 impressions.
- Total engagements - 46 engagements

Facebook

- Total FB impressions - 1,833 impressions.
- Total FB clicks - 17 clicks.
- Total FB engagements - 36 engagements

SAVS LinkedIn Intro - 98 impressions, 4 engagements & 1 share

Instagram SAVS intro - 146 impressions & 16 likes

The meeting maintains a risk register that is reviewed regularly and brought to every meeting for the consideration of the attendees and any amendment considered.

13.3. SSPC Performance

(David Browning, Detective Chief Inspector, Head of PPIU South)

Strategy Ref.	Strategy 2021-2024 – Planned Activity	RAG
2.3	SSP will explore the Bristol insight and Liverpool data models to see if they can be replicated in Southend.	
4.3	Consider working alongside SAVS (and potentially HealthWatch) to bring together a regular consultation / opportunity that encourages service users to share their experience of safeguarding provision across the partnership	
5.1	SSP will continue to gather information about the further development of the SSP Dashboard. 1 year after release the dashboard will be reviewed, and the outcome taken to the Strategic Group.	
5.2	SSP will work with Partners to determine if there are opportunities to change data stored and shared (for the benefit of the person to whom the data refers.) (See Theme 2 – Bristol insight)	
13.1	SSP will work with Partners to identify the elements of professional curiosity that can be measured and monitored.	

15.1	SSP will explore with Partners the impact of social media on abuse of people in Southend.	
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The SSP benefits from a comprehensive data model which gives the performance group a good insight into trends and fluctuations to focus workplans jointly and better support and safeguard children.

Each statutory agency has contributed to providing their own situational awareness report to outline the impact COVID has had with safeguarding provision across the partnership. These will be jointly reviewed and discussed to ensure a joined-up approach to better servicing the needs of children.

The Dashboard has now been in use for over a year and is used by the subgroup as a central tool to inform activity and identify areas of improvement across the partnership. Its usage is increasing across the partnership. The data feed is now more efficient to provide as up to date information as possible to inform activity across the partnership.

Professional curiosity has been built very well in the past 12 months through the Performance Subgroup. Examples of work strands developed through curiosity are non-accidental child injury, mental health impact on children post covid, neglect and poisoning. A mechanism for measuring these is key to establishing how effective we are at responding and managing the themes. Data is supplied by the relevant partner to the group to better understand the impact of what measures have been put in place to reduce the risk of each.

This aspect will form part of the Workplan for the forthcoming year and is a very wide theme, the group will need to understand what it would hope to achieve through assessing the social media impact and what measures the partnership can be put in place.

13.4. SSPC Audit, Quality & Assurance

(L. Jibuike – Southend NHS CCG, Associate Designated Nurse Safeguarding Children)

Introduction

Audits are a way for organisations to measure the quality of services being offered. It allows organisations to compare their performance against a standard, to see how they are doing and identify opportunities for improvement. Audits as part of risk management and quality assurance processes, aim to promote high standards of care and improve outcomes for patients, families, children and young people and supports learning in practice.

Auditing processes are essential for driving improvement in child protection, for ensuring that policies and procedures are effective and more importantly for ensuring they are actually implemented into practice.

Partnership organisations have a responsibility to assure the quality of their response to safeguarding children in need of protection

The Audit & Quality Assurance (AQA) is a Subgroup of the Southend Safeguarding Partnership (Children) (SSPC) holds responsibility to lead, support and co-ordinate multi-agency audits, to identify good practice, strengths and areas of practice that requires improvement. The AQA Subgroup undertakes and commissions multi-agency audits and shares learning with the partnership, to support service improvement to children and vulnerable families within the Southend locality and produces regular exception reports as required.

Membership

The SSPC AQA Subgroup includes representation from Southend health, Police, children’s social care, probation & education service providers, who meet on a quarterly basis or more frequent when

specific audit work is required. Attendance for this subgroup has been good, with Partners contributing at the meetings to complete the work on the Action Plan.

Impact of the COVID19 Pandemic

The CV19 Pandemic and the resulting first National lockdown in the UK in March 2020 resulted in disruption to services and touched children’s lives in many ways, creating increased mental health problems for children and families and led to increased pressures on schools and other services. The significant reduction in families’ access to support services within this period had a great impact on all areas of children and family lives and created opportunity for more vulnerability.

The CV19 Pandemic caused immense disruption to the work of SSPC AQA Subgroup 2020/2021 with 2021/2022 seeing little change whilst organisational recovery plans were implemented. Our work during 2022 will concentrate on capturing and reporting on the effectiveness of all agencies’ responses to safeguard children and young people within the Southend locality. This is being done by completing the S11 audits and carrying out other works assigned to the Subgroup by the partnership.

What we said we would do.

Strategy Ref.	Strategy 2021-2024 – Planned Activity	RAG
1.1	Review of outcomes (measured against victims desired solution)	Yellow
1.2	Review of (Solution to DA) plan (against identification of wider impact assessment)	Yellow
2.2	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)	Yellow
4.1	SSP will review Partners inputs into interventions (against their need to include the wider impact of need and the voice of the person in the intervention)	Yellow
4.2	SSP will seek assurance that Partners actively explore other agencies involvement and / or engagement with their clients.	Yellow
6.1	Multi Agency Review of SSP governance arrangements	Green
6.2	New Dashboard for Children’s and Adults Partnerships (Review)	Green
6.3	SSP Governance Review	Green
6.4	SSP Supervision Review	Yellow
6.5	SSP will explore opportunity for Review challenge events and peer review	Green
6.6	Capture all elements of scrutiny in a new SSP policy of Scrutiny and SSP Performance	Yellow
8.3	Review partners use of SG Thresholds/Criteria. (This might include a review of a sample of circumstances where a referral did and did not meet the thresholds/criteria for a SG referral). If appropriate identify good practice during review and share	Green
9.1	SSP will review the how recruitment of Partners fits with appropriate safeguarding controls.	Green
10.1	SSP will explore opportunity for Review challenge events and peer review	Green
10.2	SSP will seek assurance that there is a written and available route map for Safeguarding Issues	Green

10.3	SSP will explore opportunity to review that standard of record keeping in partner agencies	
11.1	Assurance sought that all Mental Health Services providers to be trained in recognising the symptoms of abuse, and to understand the route map for reporting and recording	
13.2	SSP will explore opportunity to monitor identified activity and include in regular review / reports	
14.1	As a result of the review in Theme (6) above SSP will explore how Partners deliver Safeguarding supervision; and whether there are outcome benefits is working more closely together	

What we did, how far it matched those commitments and the outcomes.

SSPC AQA Work Achieved:

GP S11 Self-assessment Audit

Southend CCG's Modified Section 11 Self-Assessment Audit of GP's, which despite its delay due to the Covid19 Pandemic, has now been completed and the report shared with the SSPC AQA subgroup. The learning resulting from the audit has been shared with both the Southend GP Practices that completed the audit and those that did not.

The Southend NHS CCG Safeguarding team have written to the seven GP practices that did not take part, requesting they complete the audit, as is their responsibility to the Southend NHS CCG, when a request for their engagement to complete a Self-Assessment is made. These GP practices were also reminded of their responsibility to complete the Self-Assessment in order to fulfil their Care Quality Commission (CQC) and General Medical Council (GMC) obligations. The Southend NHS CCG Safeguarding team are confident in the full participation and co-operation of all Southend GP practices at the next audit. A position statement was sent to the SSPC AQA Subgroup updating the learning from this audit and giving assurances around GP Safeguarding practices and GP's participation in the next audit.

Southend Section 175 Schools Safeguarding Audit

The S175 Schools Safeguarding self-assessment audit is a requirement under the Education Act 2002 and the Department for Education (DfE) guidance on safeguarding children, safer recruitment and keeping children safe in education. These audits are carried out to provide assurance to Southend Safeguarding Partnership (Children) SSPC and ensure agencies are fulfilling their responsibilities to safeguard children and promote their welfare. The completed Audit and Action Plan can be shared with Governing bodies to evidence that schools are meeting their responsibilities.

The S175 Audit due 2021 was postponed due to CV19 until 2022 but will seek assurance from schools of their Safeguarding processes, through self-evaluation, measured against both Keeping Children Safe in Education (KCSIE) and Working Together 2018 (WT2018) Statutory Guidance. A SSPC AQA Task & Finish Group has been set up to ensure this audit is completed, with specific themes and their learning disseminated as appropriate.

Statutory Partners Section 11 Audits

S11 of the Children's Act 2004 places a statutory duty on key organisations, to make arrangements to ensure that in the discharge of their duties, they have regard to the need to safeguard and promote the welfare of children.

S11 Audits allow multi-agency safeguarding arrangements to ensure agencies placed under the duty to co-operate by the legislation, are fulfilling their responsibilities to safeguard children and promote their welfare.

Working Together Guidance (2018) also sets out that the Local authority Safeguarding Partnership, must monitor and evaluate what work is done to safeguard and promote the welfare of children and the resulting Actions Plans for improvement.

The S11 Audit, which was delayed due to the CV19 Pandemic, is progressing well with good collaboration from partners. An Audit Tool was used to help each organisations in monitoring and

evaluating compliance in relation to their statutory obligations under S11 of the Children Act 2004. All S11 Partnership Audits have been received and around 90% audited, however work was delayed due to Partner organisational changes and staff being seconded to other engagements within their organisations. A Task & Finish group has been set up to pull out themes from the audits and complete the work for sign off by the partnership, around the identified issues:

- How information is shared with other agencies
- Some organisations understanding of the Mental Capacity Act in relation to Safeguarding children.
- Is the audit tool suitable for nursery & early years provision.

The SSPC AQA subgroup are assured organisations are aware of their actions for completion in order to be compliant with S11 Safeguarding requirement.

Southend SCC Early Years & Nursery settings audit responses prompted a review of the S11 for these service providers. The SSPC AQA Subgroup were assured that safeguarding is identified and monitored within the early years setting. 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 SSPC AQA. The SSPC AQA agreed to provide an 'information sharing' event for early years & nursery setting service providers, to discuss audit documents and the requirements for completion ahead of the 2023 audit process.

Neglect

The Graded Care Profile 2 (GCP2) is a reliable and validated NSPCC assessment tool, designed to help practitioners to measure the quality of care a child is receiving to successfully identify when a child/family may be at risk of neglect.

Professionals who have concerns of a child's needs not being met, record their concerns to build an overview of the child's lived experience and agree an action plan with parents, this tool supports the use of a "strength-based approach" when completing assessments and promotes information sharing with other agencies, to decide the level of support for the child and family.

Following the training of Southend practitioners and the launch of the assessment tool, work for the SSPC AQA Subgroup has been agreed by the Southend Partnership to monitor and ensure the use of the tool is embedded in practice and measuring the resulting outcomes. This work stimulated discussion leading to a better understanding around neglect and prompted the SSPC AQA Subgroup to set up a Task & Finish Group to set up the framework for this piece of work, which is currently in a transition period.

Serious Case Reviews & Local Child Practice Reviews

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

Harmful Sexual Behaviour

The work for the SSPC AQA Subgroup around Harmful Sexual Behaviour was delayed due to the work around the implementation of the Graded Care Profile programme. The Safeguarding Partnership have secured funding for 2022 to embark on partnership training for the Brook Traffic Light Tool. Training is in response to SBC Local Practice Review that resulted in NSPCC audit of how Southend was responding to HSB.

Non-Accidental Injury (to pre-mobile babies) - Deep Dive

Non-Accidental injury also referred to as abusive head trauma is a serious form of physical abuse that causes head injury to babies and may be caused by shaking, impact injuries or a combination of both. NAI commonly occurs in children under the age of two and can cause long-term disabilities or death.

COVID 19 pandemic heightened the risk factors and left babies vulnerable, due to lack of access to services that reduced the ability of health professionals to pick up early warning signs. A Deep Dive of five babies born between March to July 2020, that sustained a non-accidental injury, was undertaken to identify any themes or commonalities.

The aim of the deep dive was to:

- support learning within the system.

- look at the impact the reduction in the provision of services had on parents in the antenatal and post-natal period during the Covid Pandemic.
- identify strengths and potential for service improvement and development.

The Deep Dive found that parental mental health issues was a common theme for four mothers, alongside preparation for parenthood, coping with crying baby and information sharing. The report also highlighted the need to include and use parental mental health history by professionals when completing family assessments. Work was completed on the Deep Dive, with a report prepared for the partnership and SSPC AQA have been assured that there were no more NAI's through the 2nd and 3rd Covid waves. This piece of work resulted in a review of organisations policies and procedures including the SET Bruising Protocol, which is out for Consultation with the final version to be agreed by the SET Procedures group.

13.5. SSP Learning & Development

(E. Brenan-Douglas – SCC Senior Public Health Principal / J. Thompson – SCC Regulated Workforce Practice Manager)

Strategy Ref.	Strategy 2021-2024 – Planned Activity	RAG
1.3	SSP will work with MARAT to deliver a conf. / training around the signs and symptoms of DA for all partners.	Yellow
2.1	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.	Yellow
7.1	SSP will include training provision in the Dashboard reporting and so the AQA overview of Partner provision	Yellow
7.2	Where issues arise or are highlighted by Partners opportunity to provide conferences and/or training will be explored and if appropriate provided.	Green
8.1	The learning identified in Case Reviews will be managed through their action plans. The action plans will be managed through the SSP	Green
	8.1.1 HSB	Green
	8.1.2 Professional Curiosity	Yellow
	8.1.3 Voice of the Victim	Yellow
	8.1.4 Neglect	Yellow

The Southend Safeguarding Partnership Learning and Development subgroup is a multi-agency partnership covering both the Adults and Childrens agenda's. The Group sits on a quarterly basis, however, have met much more regularly of the year to achieve its goals despite living with COVID and individual pressures, we have:

- successfully rolled out multi-agency training on the Graded Care Profile and progressed work on early identification of neglect, as part of a joint systems approach to improve outcomes for children and families. A Task and Finish group has been created to provide oversight at systems level to ensure data gathering, quality assurance and on-going sustainable training.
- established funding to address needs identified through the NSPCC Harmful Sexual Behaviours Audit. Funding through 'Safer Streets' has allowed us to work with Essex and Thurrock Local Authority's Safeguarding Partnerships to establish a workforce development programme to identify unhealthy sexual behaviours in children and young people across wider Essex.

13.6. SSPC Practice Review

(M. Exley, Office and Case Review Manager SSP)

The SSPC Child Practice Review Subgroup takes direction and supports the work of the SSPC, acting as a mechanism to hold partner agencies to account for their safeguarding work. This groups key functions are to ensure all partner agencies know how to identify when a referral fits the criteria for a review, understand the case review process and are able to follow the appropriate national and local legislation and guidance. The Subgroups members are responsible for identifying any learning and informing agencies and individuals of the learning, to improve working practices, which should collectively safeguard and promote the welfare of vulnerable children. This Subgroup also reviews National and Regional Case Review information to identify any areas of learning for local development.

What we said we would do.

Strategy Ref.	Strategy 2021-2024 – Planned Activity	RAG
8.2	Refresh Case Review documentation (ensuring a strength based plan is an outcome)	

What we did and how far it matched those commitments and outcomes.

This Subgroup achieves their work by undertaking, where appropriate, Rapid Reviews, which aids the identification of any immediate areas of learning and establishes if the group needs to undertake a Child Safeguarding Practice Review or a Local Learning Review. This Subgroup will prepare Case Review reports to include their findings and recommendations. The recommendations and learning from the work of this subgroup is disseminated to other SSPC Subgroups to improve practice across all agencies and to monitor improvement and ensure embedded change. Where publication of reports is appropriate, these reports are shared for further leaning on the SSPC Website.

The dissemination of work is achieved through the use of a Consolidated Action Plan which identifies the recommendations from all case reviews in one document, where organisations are then able to focus on the areas of learning, not just for their agency but for all those involved.

In the year 2021/2022 this Subgroup has commenced two Rapid Review processes resulting in the escalation for both to commence Local Child Safeguarding Practice Reviews and completed a joint review with another Borough, which identified no further action was required. The early learning from the two Rapid Reviews has been disseminated but the final reports and outcomes are yet to be defined as the process is ongoing.

The regular meetings of this subgroup allows Partners to Agenda time for the review of documentation, process and practice, both locally, regionally and nationally, identifying areas for update or change both, alongside any changes to safeguarding legislation.

13.7. SSPA Safeguarding Adults Case Review Panel (SACRP)

(Paul Hill SSP Business Manager)

Strategy Ref.	Strategy 2021-2024 – Planned Activity	RAG
8.2	Refresh Case Review documentation (ensuring a strength based plan is an outcome)	

The key function of the Southend Safeguarding Partnership Safeguarding Adult Case Review Panel (SSP SACRP) is to assess the need for a Safeguarding Adult review (SAR) after considering the events that have led to serious harm and/or death of Adults in the Southend area. It does this by:

- Following SSP Guidelines for SARs
 - Guidelines are reviewed every 3 years, after significant change or if any Partner deems necessary.
- Ensuring all agencies understand the process for referring any case from which it believes that there are important lessons for intra-and/or inter-agency working to be learned.
 - The process is explained in detail at the start of any SAR and there is always opportunity to explore Partners part in the process with the Chair of the SAR panel or the independent Author of any review.
- To gather initial information from other agencies involved in a referred case to consider whether that referral meets the criteria for undertaking a serious case review (Care Act s14:12 and s14:139, to commission and oversee the Serious Adult Reviews), and advise the authority and their Board partners on the lessons learned.
 - Cases were reviewed by the group and did not meet the criteria to recommend a Safeguarding Adult Review.
 - Cases were also considered after being started as Domestic Homicide reviews. In all cases whilst they met the criteria for domestic homicide reviews (DHR), they did not meet the criteria for safeguarding adult reviews.
 - In one case the criteria for a SAR was met but after discussion and the DHR group it was agreed that the outcomes would be achieved by the DHR and so no further action was taken.
- To make a recommendation, via the SSP Business Manager, to the Independent Advisor of the SSP regarding:
 - whether a referred case meets the criteria for conducting a Serious Adult Review (Adult)
 - an alternative process for identifying learning from a referred case.
- To undertake and co-ordinate Serious Adult Case Reviews
 - This has been required on 1 occasion over the last year.
 - The Safeguarding Adult Review is complete, and the report written. It has not been published yet as the case is still progressing through the coronial process.
- To refer actions plans from SARs to the SSP L&D Group to implement learning.
 - To ensure the lessons learned from serious case reviews and other reviews are disseminated effectively
- To refer action plans to the SSPA Performance, Audit & Quality Assurance Subgroup to monitor, and check embedded change.
 - To improve practice across agencies by monitoring the implementation of recommendations from these reviews and other types of investigation approved by the Board (see SET Guidance)
 - To ensure that the evidence of implementation of Individual Agency Review action plans is scrutinised by the respective agencies audit units prior to presentation to the Panel
 - To be accountable to the SSP and report on progress of all recommendations.
- To review national reports of analysis of learning from case reviews to identify and disseminate any applicable learning
 - A review (The first) of National SARs was released and the recommendations from that report were discussed and where appropriate assurances sought that they were recognised by Partners.
- To inform and influence the SSP on any issues regarding case reviews which require consideration locally or nationally.
 - A number of regional and national safeguarding reviews were discussed at this meeting and where appropriate assurances sought that they were recognised by Partners.
- To ensure all agencies have an understanding of case review processes.

13.8. SSPA Performance, Audit, Quality & Assurance

(P. Hill, SSP Business Manager)

What we said we would do.

Strategy Ref.	Strategy 2021-2024 – Planned Activity (Performance)	RAG
2.3	SSP will explore the Bristol insight and Liverpool data models to see if they can be replicated in Southend.	Green
4.3	Consider working alongside SAVS (and potentially HealthWatch) to bring together a regular consultation / opportunity that encourages service users to share their experience of safeguarding provision across the partnership	Yellow
5.1	SSP will continue to gather information about the further development of the SSP Dashboard. 1 year after release the dashboard will be reviewed, and the outcome taken to the Strategic Group.	Green
5.2	SSP will work with Partners to determine if there are opportunities to change data stored and shared (for the benefit of the person to whom the data refers.) (See Theme 2 – Bristol insight)	Green
13.1	SSP will work with Partners to identify the elements of professional curiosity that can be measured and monitored.	Yellow
15.1	SSP will explore with Partners the impact of social media on abuse of people in Southend.	Yellow

Strategy Ref.	Strategy 2021-2024 – Planned Activity (Audit, Quality and Assurance)	RAG
1.1	Review of outcomes (measured against victims desired solution)	Yellow
1.2	Review of (Solution to DA) plan (against identification of wider impact assessment)	Yellow
2.2	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)	Yellow
4.1	SSP will review Partners inputs into interventions (against their need to include the wider impact of need and the voice of the person in the intervention)	Yellow
4.2	SSP will seek assurance that Partners actively explore other agencies involvement and / or engagement with their clients.	Yellow
6.1	Multi Agency Review of SSP governance arrangements	Green
6.2	New Dashboard for Children's and Adults Partnerships (Review)	Green
6.3	SSP Governance Review	Green
6.4	SSP Supervision Review	Yellow
6.5	SSP will explore opportunity for Review challenge events and peer review	Green
6.6	Capture all elements of scrutiny in a new SSP policy of Scrutiny and SSP Performance	Yellow
8.3	Review partners use of SG Thresholds/Criteria. (This might include a review of a sample of circumstances where a referral did and did not	Green

	meet the thresholds/criteria for a SG referral). If appropriate identify good practice during review and share	
9.1	SSP will review the how recruitment of Partners fits with appropriate safeguarding controls.	
10.1	SSP will explore opportunity for Review challenge events and peer review	
10.2	SSP will seek assurance that there is a written and available route map for Safeguarding Issues	
10.3	SSP will explore opportunity to review that standard of record keeping in partner agencies	
11.1	Assurance sought that all Mental Health Services providers to be trained in recognising the symptoms of abuse, and to understand the route map for reporting and recording	
13.2	SSP will explore opportunity to monitor identified activity and include in regular review / reports	
14.1	As a result of the review in Theme (6) above SSP will explore how Partners deliver Safeguarding supervision; and whether there are outcome benefits is working more closely together	

What we did, how far it matched those commitments and what were the outcomes.

The SSPA PAQA met quarterly, and the following is a summary of the work completed by the group. Many of the discussions in these meetings were led by the SSPA Dashboard, exploring data, trends and data outliers: These discussions were an extremely helpful way for Partners to explore performance together, sharing context and planned interventions and improving multi agency working in a number of areas.

The SSP Dashboards (Childrens and Adults) has been live for 1 year and has been subject to review. The Dashboard was created as a result of Partners desire to have a live view of the Partnerships Safeguarding Landscape without the quarterly demand for data pain. It is clear that, in the most part, we have achieved this goal. We have empirical evidence that we have used this tool to drive real change and better outcomes. The Dashboard is successful, useful and the subject of an amount of jealousy from our safeguarding partnership contemporaries. We are very aware of [Russell Ackoff's systems theory](#) that describes the journey of data to wisdom. A number of the responses would like to see us move further down the Ackoff's path by the inclusion of comment and analysis. Without a greater commitment from Partners and the provision of additional resources this is will not be achievable. We considered this at the time the Dashboard was introduced and agreed that as both Adults and Childrens Partnerships have subgroups that consider performance, and the live Dashboard is available to those groups facilitating opportunity to discuss the content and complete the analysis together, this need was (or could be) met. The next steps will be determined by Partners ability to provide additional data and the resources available to make the changes.

It is noted that the 'Self-Assessment' of Partners Safeguarding Arrangements was not completed this year. The tool and the staff survey was consulted on and should be released early July 2022.

- Analysis of Safeguarding Adult Reviews, (April 2017 – March 2019)
 - The SSP PAQA group met to discuss the first National Review of Safeguarding Adult Review outcomes. The LGA (December 2020) released their final report 'Analysis of

Safeguarding Adult reviews (April 2017 – March 2019)³ (the report). The 244-page report presented 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 offered SSP opportunity to learn from the outcomes and recommendations from all these SARs. The Report was analysed by the group and they:

- Considered the Improvement Priorities (Listed as Appx 1 to this briefing)
- Matched those that would fit alongside the existing SSP Workplan
- Identified those outside the existing Workplan
 - Produced a MoSCoW analysis that identified whether the Partnership Must, Should, Could and Wish to respond.
 - Prioritised in such a way that can be discussed at a full SSPA meeting.
- Average days to resolve a Safeguarding Enquiry.
 - Whilst the Dashboard tool displayed this RAG assessment as red the meeting explored the reasons for the length of time taken and were confident that there was no need for intervention.
- Increase in Organisational Abuse referrals.
 - The impact of the pandemic on residential care (including the barring of visitors (professional and relatives), lack of staff and concern of relatives) and the reintroduction of visitors has led to an increase in report of Organisational Abuse. The Local Authority, CCG, CQC, MSE and SSP meet bi-weekly to address all safeguarding issues in these homes (and in domestic care provision)
 - There has also been a number of provider failures (including closures) that have led to a significant rise in safeguarding referrals.
 - Rise in referrals source 'Other' and reduction from all Partner referrals.
 - This was a recording issue and has been resolved
 - Percentage of enquiries that include people over 64.
 - It was noted Southend has high number of care homes which could be a contributing factor and these figures show older people are able to access services and safeguarding is happening
 - Rise in concerns raised for men.
 - There was a sharp rise in concerns raised for men and the first time more safeguarding concerns for men than women. It was discussed that this could be due to COVID-19. Partners agreed to continue to monitor.
 - The primary support reason for those who are subject to a concern.
 - The Primary support reason was not being recorded in over 50% of cases. Discussion around potentially changing referral form (SET SAF Form) to streamline data, give more options for selection and break down groups to easier manage the concerns. It was agreed that if this could help improve safeguarding it should be looked into. The data has since showed a significant improvement.
 - Modern Slavery Peaked in April 2021.
 - It appeared that this was due to a push from the Police, Fire and rime Commissioners push on 'County Lines' and 'Cuckooing'. No action was deemed appropriate, but the success of the 'push' was noted.
 - It was noted that Neglect and Self Neglect were by far the most reported types of abuse in the dashboard.
 - The group noted that 'Neglect' was being given priority by the Thriving Communities Group – but also that there didn't seem to be much activity in that group. The SP

³ <https://www.local.gov.uk/analysis-safeguarding-adult-reviews-april-2017-march-2019>

Business Manager was to discuss with the independent Advisor to the SSP. The outcome has been that 'Neglect' will return to SSP as a Subgroup early in 2022/2023.

- Conversion rates are slowly decreasing [reported safeguarding concerns that lead to full enquiries as described by S42 of the Care Act.
 - The Local Authority completed some deep dives – a lot of ADAS guidance is now about taking people out of enquiry and concentrating on the best outcome for the person rather than simply meeting the criteria and completing an enquiry.
- Over 85's outcomes achieved
 - It was noted that the outcomes desired by over 85's were less often achieved than any other group. The significant, but unfortunate reason was that a number of the people to whom the concern referred died before the outcomes could be achieved.
- Rapid rise in DoLs request from Southend Hospital.
 - The Local Authority had completed a deep dive and reassured the meeting that there were not significant reasons, the DoLs applications were appropriate, and that the situation was being monitored.
- Care Homes and Covid-19
 - The meeting discussed a number of topics over the last year including Care Home Failure, summary reports of care provision, COVID-19 deaths, fragility of the market and availability of beds when homes are in 'outbreak', Death In care Homes' report. Members of the SSP were kept up to date with communications in-between meetings.
- Adult Social Care Benchmarking Tool
 - Although some Partners use other tools (notably the Hospital who use the NHS tool) Partners were encouraged to use the tool to ensure that referrals were appropriate. This conversation was led by a notable benchmarking anomaly in the dashboard.
- Referral enquiry's time delays
 - Partners noted that if we look at this in terms of the impact of the service user, as the level of time it takes to process enquiries has again risen above the threshold (21 days), how does this effect the user? Partners noted comments around an increase being inevitable due to the time delays through stretched resources through CV19.
- Self-neglect and acts of omission has a rising trend over the last 2 years?
 - These would usually progress to an enquiry, but the numbers of those converting are decreasing, how does this effect the user? We are aware of an increase but are assured the Local Authority (LA) are doing all they can and have identified the pressures on the system is a contributing factor to these numbers.
- Taking action more often
 - It was noted that when a safeguarding concern is raised the number of times 'action' was recorded is increasing.
- Concerns not resulting in enquiries and conversation rates
 - There had been a steady rise in cases that do not proceed to Section 42 enquiries; more concerns that are not becoming enquiries. Partners were made aware that training is taking place across the Access teams to ensure focus of the rationale of progressing to Section 42 investigation
- Mental Capacity of individuals involved in concluded enquiries
 - We are aware of the persons mental capacity in all but a few cases but these were understandable (such as when the individual died before assessments could be made): The Partners were informed that training has taken place in relation to form filling to ensure data is captured correctly.

13.9. SSPC Child Exploitation & Missing

(Alex Bridge, Service Manager, Children's Services, Southend City Council.)

Child Exploitation continues to be an ever-changing landscape both locally and nationally and is not a problem that can be addressed by a single team or agency in isolation and needs to be viewed in a wider context. In the last 4 years the presence of County Lines in Southend has led to large numbers of children being criminally exploited and an increase in serious youth violence. Over the past 2 years the country has seen local and national lockdowns, this has resulted in exploiters changing tactics and methods used to groom and exploit children. The plan continued to focus on the 5 key areas of work to further develop the progress already made and address the changing landscape:

- Understanding the Problem
- Prevention
- Protection
- Prosecution and Disruption
- Overcome and Support

There has been a number of projects that have come to fruition over the last 12 months, this has included:

- the launch of countywide child exploitation pathway
- implementation of partnership and countywide Key Performance Indicators (KPI's)
- a new child exploitation assessment within children's services that records the differing forms of exploitation and adolescent safeguarding concerns
- online exploitation learning package across children's and adults
- partnership wide training to ensure professionals can identify the signs of exploitation
- Violence & Vulnerability (V&V) funded projects have taken place across the borough
- Trauma informed practice offered across the partnership

The introduction of new KPI's and assessment tools has ensured that the partnership has access to sharper data, breaking down risk by differing risk types and the sharing of this information allows professionals to be up to date with recent trends in abuse. On-going partnership training in range of related areas such as trauma informed practice is providing frontline staff the skills required to respond to contextual safeguarding concerns.

Data shared by the Violence & Vulnerability Unit indicates that 3 of the local wards have high levels of community violence, we have commissioned several projects that are working in these communities to provide the children with opportunities, positive use of leisure time, holiday clubs and positive diversionary activities which has led to key locations being "taken back" by the local community and the risks of community violence reducing.

13.10. SSPC Schools Forum

(M. Exley, Office and Case Review Manager SSP)

The SSPC Safeguarding in Schools Forum meets on a termly basis, with its members being representatives from each of the Southend Schools, including special and independent schools Headteachers and their Designated Safeguarding Leads and Deputies, alongside representation from other key partners including Essex Police, Southend City Council (SCC) Early Help service provision, Healthy Schools and SCC Public Health School Nursing providers.

These regular meetings provide an informal opportunity to share information and learning and to keep updated on any safeguarding issues both locally and nationally, which helps to strengthen relationships and communication between the Local Authority and the Southend Partnership to champion the voice of education.

This safeguarding forum agendas set time for presentations from key strategic partners including Essex Police Child & Young Persons Officers and items from the SET (Southend, Essex & Thurrock)

footprint, alongside time for presentations from additional sources, which in 2021/2022 included presentations on:

- the SET Child Exploitation Pathway tool,
- a SET Threshold Workshop
- Access to School Nursing
- Chat Health – promoting & Supporting Mental Health & Wellbeing in Schools
- Private fostering – a one minute guide
- Operation Encompass - an Essex Police domestic abuse initiative opportunity
- Graded Care Profile 2 Tool - SCC project and training opportunity
- Harmful Sexual Behaviour - SCC project and training opportunity

Information shared at these forums and issues raised as areas for concern within the education settings is identified within the SSPC Business Managers report, which is presented at each board meeting, ensuring there is a two-way dissemination of information, and the voice of education is included in the Partnership. This communication pathway to the SSP was of particular importance through the 2021/2022 covid recovery period as schools experienced significant challenges within their school settings, which were articulated to the Partnership.

13.11. SSP Neglect

(Anthony Quinn, SAVS / Mike Bennett, SCC)

What we said we would do.

Use a whole system, strength-based approach, to develop a Thriving Communities and Neglect Strategy, outcomes framework and action plan to be signed off by the Health & Wellbeing Board. The Strategy will be clearly aligned with and contribute to other work areas including Southend 2050.

Manage the implementation and monitoring of the Strategy through the Thriving Communities & Neglect Operational Group (TCOG). The Group will provide support, advice, and guidance to TCOG, which will be responsible for delivery of the strategy and action plan.

Identify key stakeholders, including communities and professionals across the local area to raise awareness, provide information about their roles in this agenda, and share development work. Instigate strong communication and information sharing through appropriate channels.

Identify and secure resources required to deliver the programme including additional dedicated resources where relevant.

Gather and use both qualitative and quantitative evidence to inform the strategy and its success, measures and outcomes. This will include an initial needs assessment that will be reviewed and updated on an annual basis. Where relevant, through the Operational group, develop a range of documents, tools, and good practice guides to support better understanding and improvement in conjunction with appropriate stakeholders such as commissioners, workforce development, service providers.

What we did and how far it matched those commitments

Created a Strategic Group identifying gaps in representation and engaged new members ensuring senior management representation to enable decision making.

Identified and agreed three work streams: Needs Assessment, Communication and Family Panel.

Worked in partnership with University of Essex to explore future social research and completed a literature review and worked with Tom Dowler (SBC) to carry out a data science deep dive into the data set of young children.

Redesigned the Action Plan and drafted a Communication Plan.

Mapped potential funding sources to support engagement and development of Family Panel.

Secured funding for an externally commissioned needs assessment including proposed Strategy. Engaged with all partners to design scope.

The Thriving Communalities & Neglect Strategic Group (TCSG) agreed the challenges arising out of the Thriving Communities element were stalling the focus and momentum on the Neglect aspects of the groups work. The SSP agreed to support a change in governance shifting accountability from the HWBB to SSP with a new partnership subgroup to be formed focussing on Neglect with membership from the TCSG providing the basis of membership to be built on.

Formed the new Neglect Group, a subgroup of SSP, formerly Thriving Communities and Tackling Neglect Group.

What are the outcomes?

Dedicated needs assessment signed off and due to commence in August 2022. This will form the evidence base for the development of a Southend neglect strategy and action plan along with supporting outcomes framework.

The challenge presented by the Thriving Communities element of the groups remit and its subsequent removal now enables work to be exclusively focussed on neglect.

The Neglect work is now operating within the SSP structure with increased support resource. Findings of “Data Science”: Supporting an Understanding of What Works for Young Children in Southend-on-Sea will be fed into the wider needs assessment work.

13.12. Activity from SSP Strategy to be moved to sub-groups (Not yet allocated)

(P. Hill, SSP Business Manager)

Strategy Ref.	Strategy 2021-2024 – Planned Activity
11.2	Work with Mental Health Service Providers that are Partners of SSP to identify the vulnerabilities that make sufferers of poor mental health more susceptible to abuse. And plan prevention activity <i>(move to SSP Partners – Adults and Childrens)</i>
12.1	SSP will work with Partners to ensure that intervention decision making is cognisant of all appropriate opinions, suitably monitored, and has well-trodden routes that allow difference of opinion to be resolved quickly and efficiently <i>(move to SSP Partners – Audit, Quality & Assurance – Childrens and Adults)</i>
13.3	SSP will encourage Partners to ensure that all supervision and performance management activity considers professional curiosity <i>(move to SSP Partners – Audit, Quality & Assurance – Childrens and Adults)</i>
15.2	SSP will gather partners prevention activity around digital media and explore opportunity to work together to identify the audience and deliver the service <i>(move to SSP Partners – Adults and Childrens)</i>

16.1	Ensure that the Strategy activities are appropriately resourced by the inclusion of a resource plan <i>(move to SSP Partners – Adults and Childrens)</i>
16.2	Increase use of Business managers report to cover more items in the SSPA/C meetings; allowing for more time to discuss significant items on the agenda <i>(move to SSP Partners – Adults and Childrens)</i>
16.3	Review Published arrangements for both SSPA/C <i>(move to SSP Partners – Adults and Childrens)</i>

14. Published LCSPR and SARs

(P. Hill, SSP Business Manager)

Southend Safeguarding Partnership did not publish any Local Safeguarding Practice Reviews or Safeguarding Adult Reviews in the time period covered by this Annual Report. *(See subgroup summaries for all review activity)*

15. Updates on Safeguarding Activity from SSP Strategic Partners

15.1. Southend City Council – Childrens Services

(Ruth Baker, Southend City Council, Childrens Services)

Partnership working

During 2021/22 Children’s Service took both a strategic and operational delivery role in relation to Afghan families placed in a local hotel by the Home Office. We worked with colleagues from health, education and the voluntary sector and supported the Afghan Resettlement programme to deliver a range of educational and social activities to 112 children aged between 3-17 as well as providing a safe space for Afghan women to socialise and learn English.

Partnership working with health colleagues in relation to the completion of Initial Health Assessments within the statutory guidance of 20 working days from the point a child enters care has not yet led to improvement. This means children are not receiving a timely health assessment, undertaken by a Paediatrician or at the point they become cared for by the Local Authority. Currently only 29% children and young people who become looked after have had their initial health assessment within the 20 day timescale. This has now been made a standing item agenda item at the Corporate Parenting Group until it this is resolved. During the Focused Visit in March 2022, Ofsted found that *‘Health provision and involvement in health planning for children in care are, however, less consistent. Although arrangements are in place to make timely referrals for initial health assessments, children are not yet routinely receiving their health assessments and dental checks on time. Health and social care leaders have recently established a joint working group to improve performance in this area.’* The working group comprising of senior social care and health leads will continue to meet on a fortnightly basis until the timeliness of IHA reaches its minimum target of 75%. It is noted that all review Health assessments undertaken by SCC school nursing services have been timely and of high quality Excellent feedback has been received from the LAC lead nurse regarding the child’s voice and lived experience .

A strong partnership approach to working with young people at risk of criminal and sexual exploitation has continued during 2021/22. The impact of the work was identified by Ofsted during the focused visit in March 2022. They found that *‘Children in care supported by the adolescent intervention and prevent team receive skilfully tailored support and planning that improves their lives and enables them to make progress. Workers maintain high levels of contact with children and know*

them very well. Frequent visits, phone calls and text messages underpin the development of trusting and meaningful relationships, helping children to develop confidence that their best interests are central to the support being offered. They receive good multiagency support. Children's plans, including disruption and safety plans, reduce the risks that they face. This team's records provide a vibrant and nuanced picture of each child, with up-to-date information and progress reports. Older children benefit from careful planning for the transition to adulthood, and effective support from personal advisers.' The approach used by the team with children in care is the same as that used for children in need, children in need of protection and children receiving early help services.

15.2. Southend City Council – Adult Services

(Sarah Range, Southend City Council, Adult Services)

Successes and Reflection

Headline Reflections

- *As the pandemic continued, Council officers continued to work proactively with people and families, providers and partner agencies to ensure face-to-face visits occurred when risk assessments or needs required.*
- *Effective use of technology to enable visits where appropriate*
- *Constant adjustment and recalibration of practice to keep pace with statutory guidance to minimise the spread of Covid*
- *The pandemic has impacted on the business sustainability of both residential care providers and domiciliary care providers, resulting in the closure of several businesses*
- *Despite the challenges, performance in safeguarding remains high, evidenced by positive feedback from people with lived experience.*

During 2021/2022, Southend City Council continued to work collaboratively with SSP(A), the community 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, neurodiversity or related needs can thrive. The aim continues to be 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 a strong and growing commitment to 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 Think Family/Family First and strengths-based approaches are our key drivers; 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, Public Health, Social Care and other services to provide quality support throughout the life cycle.

A continued key priority area of development is around transition for young people into adult life. We continue the deep work 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 and further 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 City Council holds its responsibilities for safeguarding as a key priority in day-to-day practice. 'Safe and Well' is a key theme in the Council's 2050 vision [Southend 2050 – Southend-on-](#)

The Vision

Southend 2050: an overall vision for Southend



To work collaboratively with people to enable them to live safe, well and independently in the community, connected to the people and things they love

Southend Adult Social Care Vision



[Sea City Council](#). 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 Mid and South Essex Health and Care Partnership. We will continue to develop our partnerships with the Integrated Care System (ICS). Our ICS is one of 42 across the country which brings together hospital, community and mental health trusts, GPs and other primary care services with local authorities and other care providers (msehealthandcarepartnership.co.uk). At a place-based level, we will continue to work with Children' Services, Public Health and Essex Partnership University NHS Foundation Trust (EPUT) to deliver the elements of strategy.

We continue to expand upon our collaborative approach with the CCG/ICS 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 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.

Statutory Responsibilities for Safeguarding (Data)

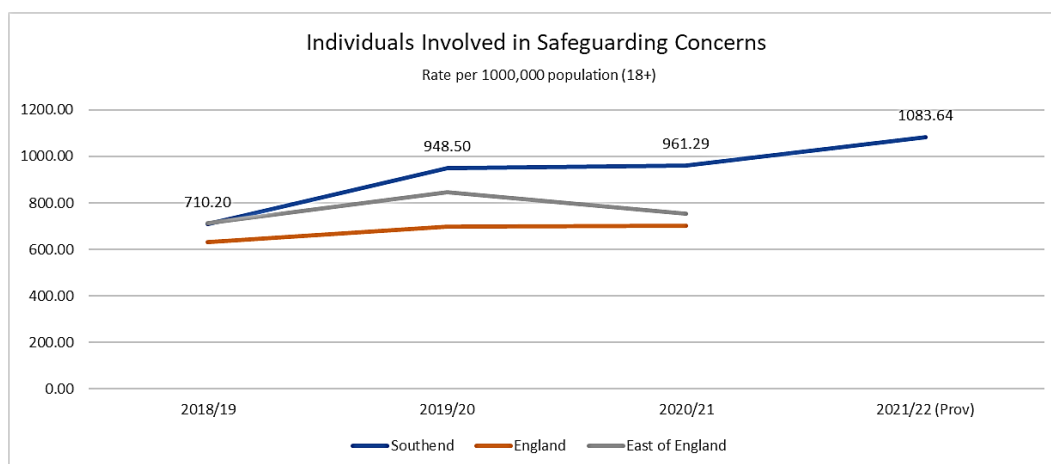
All relative data derived from Section 42 of the Care Act 2014, relating to Safeguarding Adults enquires and Deprivation of Liberty Safeguards applications, which are collectively known as the Safeguarding Adult Collection, is available via [Safeguarding Adults - NHS Digital](#).

National data returns for the annual year 2021/2022 will not be published until later in 2022.

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.

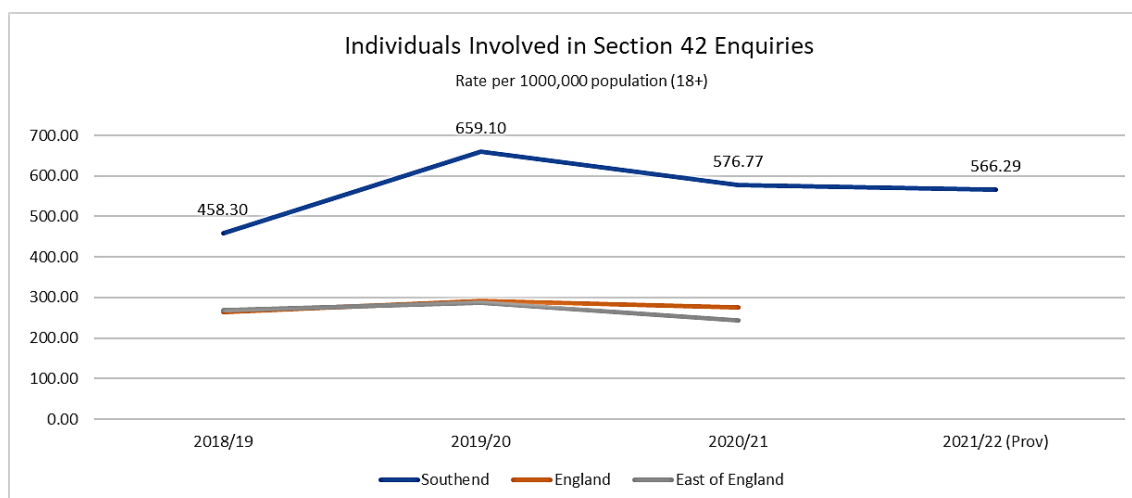
Summary of what the data tells us:

- Total number of Safeguarding Concerns raised has increased by 37.2% since 2018/19. Performance in both these measures is above national and regional figures (based on 2019/20) and remains in the 4th quartile. The number of Concerns raised in 2021/22 was 2150 compared to 1,845 in 2020/21 and 1,780 in 2019/20
- Conversion rate has dropped 8.6% compared to 2020/21. Conversion rate is lowest it has been in past 4 years.
- Consistent positive feedback from people with lived experience that their outcomes in safeguarding were achieved.



Key Points:

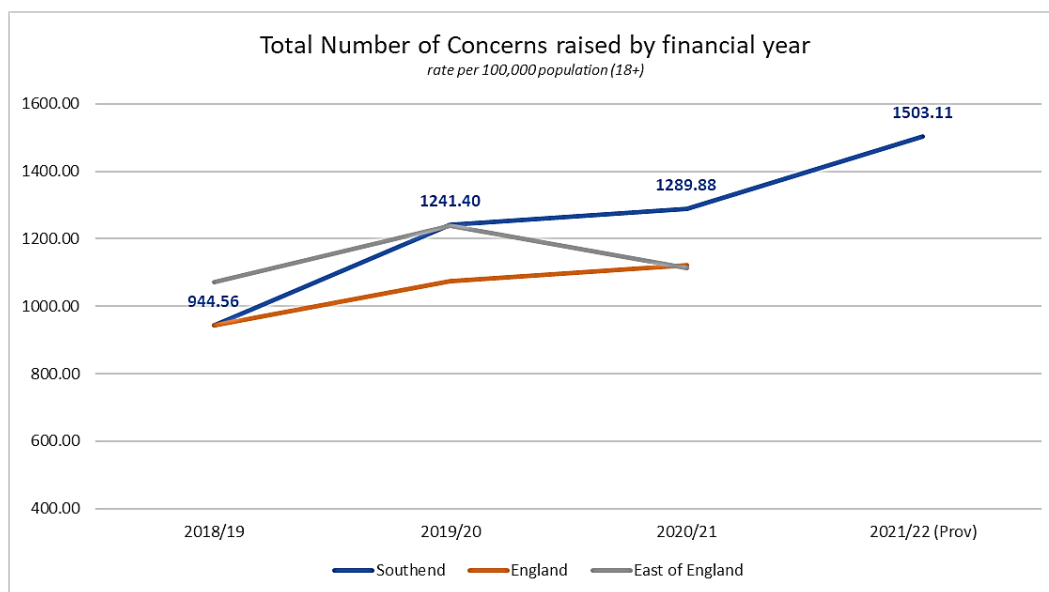
- Rate increased by 122.35 compared to 2020/21
- Still above regional and national performance (2020/21)
- The rate of individuals involved in safeguarding concerns has risen slightly compared to 2020/21 (1,550 individuals compared to 1,375)
- This is a more significant increase than the rise between 2019/20 (1,360) and 2020/21 (1,375)



Key Points:

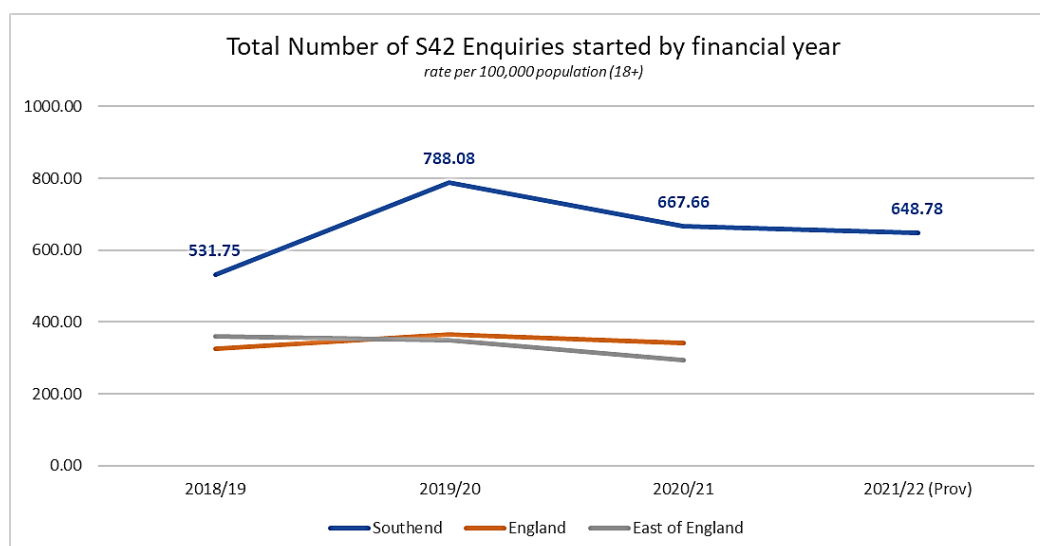
- The rate of individuals involved in new Section 42 Enquiries has fallen compared to 2020/21 (810 individuals compared to 825).

- Rate decreased by 10.49 compared to 2020/21
- Remain in quartile 4 (based on 2020/21 results)
- Still above regional and national performance (2020/21)



Key Points:

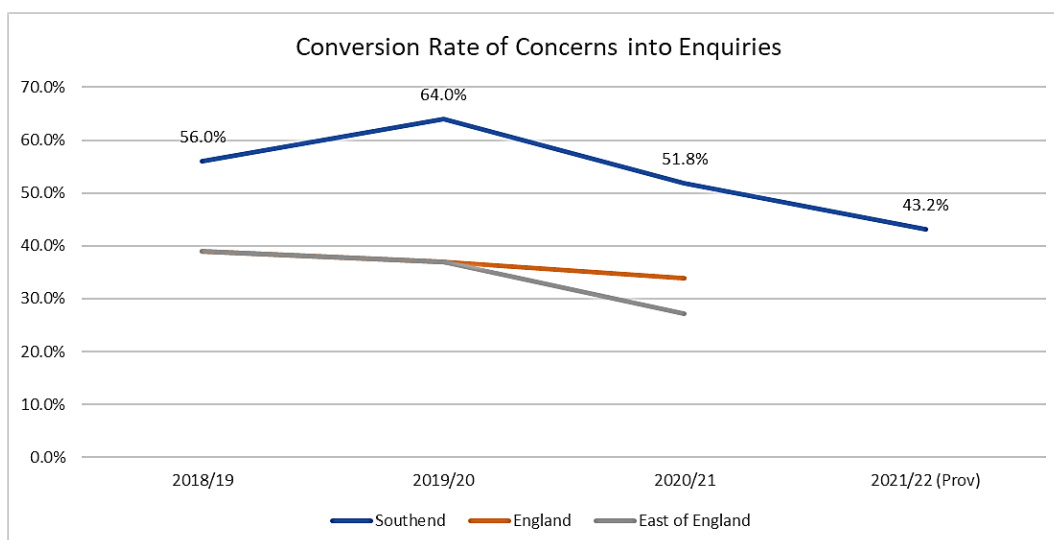
- The total number of Safeguarding Concerns raised each year continues to rise and is one of our key lines of enquiry in the coming year
- The number of Concerns raised in 2021/22 was 2150 compared to 1,845 in 2020/21 and 1,780 in 2019/20.
- Total number of Safeguarding Concerns raised has increased by 37.2% since 2018/19.
- Rate increased by 213.23 compared to 2020/21
- Remain in quartile 4 (based on 2020/21 results)
- Still above regional and national performance (2020/21)



Key Points:

- Rate decreased by 18.8 compared to 2020/21
- Remain in quartile 4 (based on 2020/21 results)
- Still above regional and national performance (2020/21)

- The total number of Section 42 Enquiries started has dropped compared to 2020/21 (928 compared to 955)



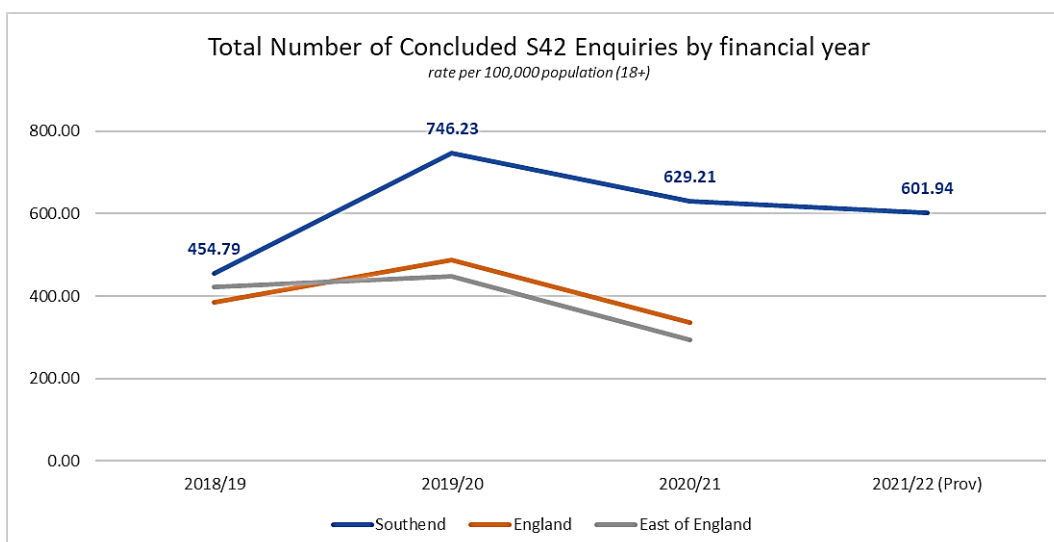
Key Points:

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

- Conversion rate has dropped 8.6% compared to 2020/21
- Conversion rate is lowest it has been in past 4 years
- Still above regional and national rates (2020/21)
- 928 Enquiries from 2,150 concerns in 2021/22 compared to 955 Enquiries from 1,845 Concerns in 2020/21

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 s42(1) to a s42(2). The peer audit identified that that in the main, the auditor agreed with the decision maker's outcome. As a result, the Council is currently piloting a triaging approach to all safeguarding concerns to ensure that salient and proportionate information is gathered from which to make a decision to progress to a s42 enquiry.

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 27.27 compared to 2020/21
- Remain in quartile 4 (based on 2020/21 results)
- Still above regional and national performance (2020/21)
- Total number of concluded Section 42 Enquiries has dropped compared to 2020/21
- 861 Concluded Section 42 Enquiries in 2021/22 compared to 900 in 2020/21.

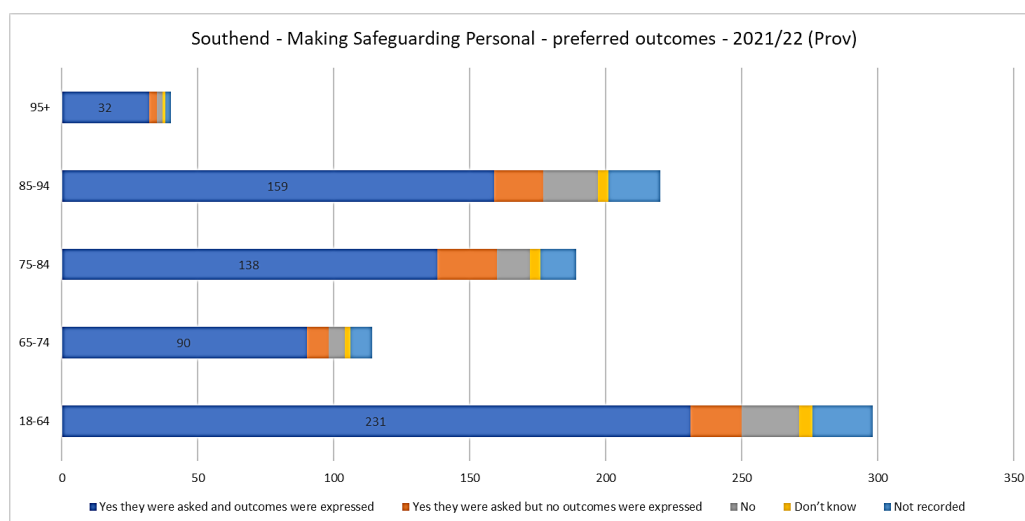
Self-Neglect

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 2020/21 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*. In the last year, this group has changed it’s direction to intensify it’s focus on neglect, in all forms, across the age strata. The group is a subgroup of the City’s 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. The operational level group under the Thriving Communities banner reports 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 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 focuses 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 to tackle neglect at the earliest possible point.

Making Safeguarding Personal- the Voice of People



For 2021/22, SCC achieved a continued 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

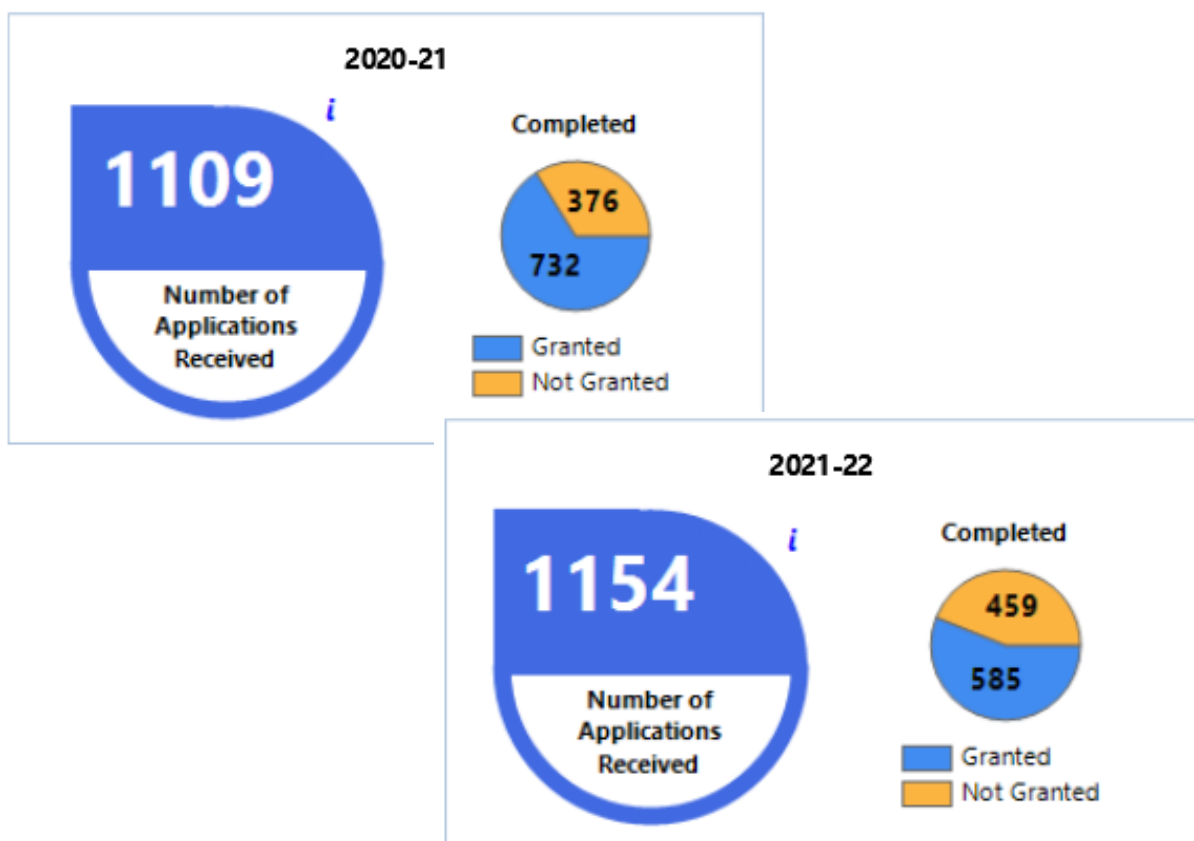
The Mental Capacity Act (2005) (MCA) and Deprivation of Liberty Safeguards (2009) (DoLS), and Mental Capacity (Amendment) Act 2019 and The Liberty Protection Safeguards (LPS).

The Deprivation of Liberty Safeguards Team is responsible for the administration, legal oversight, and practice consultation of the MCA and DoLS. The team consists of 2 registered social work practice leaders that also fulfil the roles of Adult Safeguarding Practitioner and Adult Local Authority Designated Officer (LADO), and 4 administrative staff that are responsible for the processing and recording of all DoLS activity for Southend City Council.

The team have ensured that changes to MCA/DoLS legislation and guidance issued by made by Government have been implemented successfully. The team have continued to provide consistent and effective support during 2021/22, adjusting and adapting to the challenges that the covid 19 pandemic presents.

Requests for DoLS urgent/standard DoLS authorisations are submitted by regional hospitals and care homes where the adult is ordinary resident of Southend. In 2021/22 the team processed 1154 requests for DoLS authorisations (including 'renewed' authorisations for adults already subject to a standard authorisation). This averages at 22 requests per week, with a peak of 146 applications for the month November 2021. Of the 403 adults that currently have active DoLS episodes, 277 are females and 126 are male.

The key priority for the DoLS team for 2022/23 is to ensure organisational readiness for the implementation of T Liberty Protections Safeguards. The DHSC has not made a statement confirming the exact implementation date, however it is expected to be within the 2nd or 3rd quarter of 2024.



LPS replaces the sole role of Supervisory Body, currently only administrated by Local Authorities, with that of Responsible Body. This role will include NHS organisations including CCGs (as are), mental health, and hospital trusts. LPS extends the scope of the protection of people's rights when detained under the MCA to those age 16 and over, regardless of where they live and receive care and treatment.

Adult's and Children's Social Care Directorates will provide a unified response to the Government consultation of the LPS draft Code of Practice before the 7th July 2022 deadline. Southend City Council have implemented a multidisciplinary LPS Steering Group that will oversee the successful implementation of LPS to ensure that primary importance is given to the human rights of all Southend City Council residents.

Public Health

Southend City Council Public Health supports the Southend Safeguarding Partnership by taking a public health approach to the health and wellbeing of citizens living in and using services in Southend. This is done through exploring the impacts and the interfaces of wider determinants of health around issues including 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 the last two years and now we must learn how to live with Covid. Key public health issues are now needing to be addressed, in particular where inequalities have widened. Over the last year the partners have started to see the impact of isolation, illness, long term covid and mental health impacts on the population. Public health continue to engage and co-design service delivery and community support through the Family Centres and better aligning our professionals' expertise alongside local parents' expertise, to better address needs.

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 and new variants emerging. Other priorities include responding to rising and changing inequalities in health and mental health outcomes, actions against the new drugs plans *From Harm to Hope*, understanding the needs around neglect in Southend, impacts of poverty, reducing social isolation and working and developing the community connections in Southend. As we continue to build community resilience, we will also need the review the impact of increased alcohol dependency and the impact this has on family life.

Domestic Abuse (DA)

Southend-on-Sea remains one of the top districts for volume of domestic abuse investigations across Essex. Southend has a domestic abuse rate of 24.3 per 1000 adults (16 years old and over) this is the third highest rate the county, however is the top district for both high and medium risk assessed cases. It is proposed Domestic Abuse remains a priority for Southend Community Safety Partnership included with Violence Against Women and Girls (VAWG).

The partnership is engaged with the Southend, Thurrock, Essex Domestic Abuse Board (SETDAB) 2020-2025 strategy and working to achieve the collective outcomes. Southend has written and approved their own Domestic Abuse Strategy aligned with SETDAB. The action plan arising from the strategy, details work around further defining and strengthening Southend's DA offer. Key areas for development include improving data mapping and intelligence, pathway support and commissioning.

Serious Adult Review & Domestic Homicide Reviews

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 in late 2022. The outcomes of the resultant learning will therefore be reported on in the 2022-2023 Annual Report of the SSP.

During 2021/22, Adult Social Care sat as core members on three Domestic Homicide Reviews. It is of note that though the Council were not involved with three of the parties and historic involvement with one of the parties, we have played an active role to ensure that there the distillation of transferrable learning for practitioners.

Southend Community Safety Partnership

Hate Crime

Southend Community Safety Partnership is responsible for delivering the Essex wide Strategic Hate Crime Prevention Partnership (SHCPP) delivery plan. The partnership works to combat all forms of hate incidents by developing a consistent, multi-agency response. The core aims of the SHCPP are to;

- Understand Hate Crime
- Prevent Hate Crime
- Promote the reporting of Hate
- Increasing access to support for victims
- Improving the operational response to hate crimes

The SHCPP is confident in overall operational responses to hate crime. However, believe the partnership needs to take time to gain a better understanding of our communities and needs of victims. To do this the SHCPP plan to;

- Produce a new hate crime profile to help us understand who the victims and perpetrators of reported hate crime are, and the relationships between them
- Gain a better understanding of the data held by all partners to help improve the picture of hate crime beyond that reported to the Police.
- Utilise the outputs from the 2021 census to build a profile of our communities, and where there may be under-reporting
- Develop a way of monitoring and responding to community tensions (with PIER and the Prevent Delivery Group).
- Establish a three-year programme of research to understand the experiences of different groups of victims
- Hold a series of partnership learning events to help us understand new/emerging issues and learn from best practice elsewhere.

Hate Crime has been proposed as a 2022/23 priority for Southend Community Safety Partnership with the aim to improve residents knowledge of what a hate crime is, increase access to reporting centres/ambassadors, provide confidence and reassurance to victims and communities.

We plan to do this through;

- Intelligence and Evidence
- Education and Communication
- Training and Support.

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 1 of 4 elements of CONTEST, the government's counter-terrorism strategy. It aims to safeguard and support those vulnerable to radicalisation.

The Southend PREVENT Group chair sits on the Countywide CONTEST group which supports cross authority collaboration and intelligence sharing on issues concerning counter terrorism. Key actions currently being focused on the Southend Prevent board include; reviewing annual assurance statement, increase and refresh training including the use of e-learning, recognising a link between Hate Crime and Prevent closely monitoring any tensions following rehousing of Afghan refugees and Sir David Amess murder.

Modern Slavery Act 2015

The modern slavery remit in terms of lead and service area is currently under review. However, the Council has committed to:

- deliver a rolling programme of training and awareness raising for the workforce, partners and third sector organisations.
- engage in awareness raising so that the general public and communities of Southend know how to spot the signs of modern slavery and human trafficking, know how to report and have an awareness of wider support and services available for potential victims.
- refresh the adult safeguarding referral pathway to better identify and support potential victims.
- enhance data and intelligence gathering across partners to help identify and support potential victims as well as inform disruption activities

Furthermore, the Local Government Association (LGA) has published new best practice guidance for councils on supporting modern slavery victims through homelessness and housing services. This is an area that has proved challenging in recent years, not least due to the severe pressures on available housing stock.

SAMS (Southend Against Modern Slavery) Partnership have started a Survivor Care Project. This is for adult survivors of all types of modern slavery. The project offers a triangle of community support including mentoring, befriending and practical help.

Essex Police are currently producing an Organised Immigration Crime and Modern Slavery & Human Trafficking Strategic Assessment due to be completed by the end of May 2022, with partner friendly versions ready for sharing shortly after.

Commissioning - Quality and Improvement of Care Providers in Southend

The quality and improvement of care providers in Southend is the focus for the work that the Council's Quality Team undertakes.

There are clear links between the work that is undertaken by the Quality Team and the work that is done under safeguarding. For example, the findings and learning that are identified through organisational safeguarding related to care providers for adults, is key to guaranteeing that there is a culture of continuous improvement among the care providers of Southend.

The following key documents are essential to ensuring the quality of care being delivered by providers in Southend makes individuals using the service, feel that their care:

- a. focuses on their strengths and what is important to them,
- b. is of high quality.
- c. changes and adapts to their needs.
- d. makes them feel safe and looked after.
- e. is received at the right time and in a place that suits them

Quality Assurance Framework (QAF):

The Quality Assurance Framework sets out how the Council will work with care providers to deliver high quality care and support services in Southend.

The framework is about working with care providers to enable the provider to regulate themselves with more support if needed.

The framework provides an opportunity to build relationships with the care providers, and help clearly define the role of the Council, which is to support, advise, and help the provider to deliver good quality care.

Elements of the framework includes:

1. Standard quality monitoring delivered by the Quality Team.
2. Escalation process if concerns are raised with enhanced levels of support and monitoring
3. The Annual Quality Improvement Plan.
4. Quality Standards.
5. Quality Assurance Ambitions and Outcomes Framework.
6. Care Governance Board.
7. Care Provider traffic light threshold which set out how services will be monitored based on intelligence.
8. Quality Improvement and Commissioning Peer Support Programme.

Annual Quality Improvement Plan in Commissioning:

The plan is one of the key elements of the Quality Assurance Framework. The annual plan will identify the key areas of focus and how the Council intends to work with providers to improve the quality of care.

The key areas of focus can be generated by several factors for example, the providers Care Quality Commission rating as well as the themes that have been investigated under safeguarding, however, the development of the quality standards shall provide baseline information that will be extrapolated from the following processes and systems:

- Quality Assurance Ambitions and Outcome Framework
- Traffic light process for placements and packages,
- Provider Quality Assurance Support & Actions,

The standards enable the Council to highlight when things are being done well so that good practice can be recognised and shared among providers, but equally the standards will also highlight areas for improvement that enables the Council to provide support in a more targeted way

Provider Failure Protocol:

The protocol outlines the Council's approach to managing a care provider failure. The protocol also includes how the Council will work with local stakeholders to reduce the risk of failure, however, if the failure results into a closure of a service the protocol outlines the closure process.

The protocol explains how the Council would work with external agencies to manage the risk of a provider failure or closure, to ensure individuals are kept informed and continues to receive a service. The protocol gives guidance to identifying the relevant issues that may arise through a provider failure or closure.

Practice Quality Assurance

As part of preparation for the Care Quality Commission Assurance Framework, the Council engaged an external auditor with social work practice experience at both an operational and management

level. The auditor completed a focused piece of work, using a reflective methodology to deep dive into safeguarding concerns, with some additional concentration on concerns of a hoarding/self-neglect nature and domestic abuse. The next round of audits will focus on organisational safeguarding. In autumn 2022, the auditor will work with the Council to measure practice quality of strengths-based work.

The Council has also concluded an internal audit of the initial decision making and triaging of safeguarding concerns. Layered on the work and learning from the external auditor, the management team are working with practitioners to consider longer-term, sustainable actions to improve practice.

The Head of Quality, Practice and Principal Social Worker has stepped back into the space of strategic safeguarding lead for Adult Social Care. Within this remit, she is concentrating heavily on designing a Practice Framework and a Quality Assurance Framework to robustly engage staff and measure excellence.

Workforce & Training and Development

Our workforce is the foundational bedrock of our delivery of safeguarding services. Over the last year, we have continued to work 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 significantly invested in our strengths-based practice model to ensure that we are working proactively in a person-centred way. 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:

- Continued strong integrated approach to practice with multi-agency links to a number of partners, ensuring collaborative and consistent approaches across the system. Through the SSPA & SSPC Meetings and the Safeguarding Learning and Development Sub-Group activities.
- Southend City 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. This is developing as ICS' move towards formalisation eg. Immersive Simulation Collaborative's learning activities, staff wellbeing and manager support.
- We continue to deliver a monthly practitioner workshop on key practice issues in relation to safeguarding to support problem solving and legal literacy.
- Review mandatory safeguarding/mental capacity and Care Act training that is required. Via LPS, review of exploitation awareness e-learning.

Key Priorities: Looking forward through 2022-2023

People at the Heart of Care: Social Care Reform White Paper

The Domestic Abuse Act 2021

Health & Social Care Integration: joining up care White Paper

The Health & Care Act 2022

The Mental Health Act Reform

Integrated Care Systems & the NHS Long Term Plan

Liberty Protections Safeguards

Adult Social Care Charging Reform

Potential Changes to the Human Rights Act

The Council's services will continue to work with partners as several key and potentially change-shaping elements of vital legislation and statutory guidance with a safeguarding emphasis are to be implemented over 2022-2023.

The Council and partners are working closely together in anticipation for some key legislative changes that will be influencing the way we work over the next ten years.

Leaders and managers continue to work with system partners to better understand the medium and long-term impact of COVID -19, as well as the pressures from the cost of living crisis and how this will impact the people we serve. 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 byproduct 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.

The scope of our work over the next year will cover:

- Continue to invest in our strengths-based practice model to ensure that all people in contact with Adult Social Care experience the benefit in working in this more person-centred way
- Consider our structure and decision making in terms of the triaging model for all s42 enquires
- Refresh and co-produce with our staff all of our safeguarding and our assessment forms and pathways on Liquid Logic (the Council's client database)
- Revisit Making Safeguarding Personal to ensure that the toolkit practice is heavily imbedded in our practice and measurable in the impact we make and the outcomes for people
- Ensure that the Council and its partners are able to demonstrate the quality interventions and support provided to assist people to live good lives, free from abuse
- Prepare for the new Care Quality Commission Assurance Framework that will measure the quality and experience of people who receive services from the Council
- Prepare for our key legislative drivers such as the implementation of the Liberty Protection Safeguards, the Social Care Charging Reform policy, the Health & Care Act 2022
- Launch our new Practice Quality Assurance Framework, which will have focus on Making Safeguarding Personal and safeguarding
- Launch our new Practice Standards which will complement the Practice Quality Assurance Framework
- Work in strong collaboration with our Health partners around the continued development of the Integrated Care System (ICS), the Alliance and locally, the Primary Care Networks

- 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 continued roll out and imbedding of the three 5 year strategies Living Well (working age), Aging Well (Older people) Caring Well (Carers): New strategy for adult social care proposed for Southend – Southend-on-Sea City Council
- Increase the influence of people and their families on the shape of our services and our market
- Continue to explore ways to 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

Key Priority

Our key priority is to ensure a strong, continued commitment to strengths’-based work, ensuring Making Safeguarding Personal is the key feature, which acknowledging that safeguarding is the core strand business that runs through all Council initiatives.

15.3. Essex Police

(Michael Samuel, DCI, Crime & Public Protection)

Safeguarding of vulnerable people is a priority for Essex Police, this is reflected in its continued appearance in the Force Plan. The Force has good oversight and governance of vulnerability, which is led by the Assistant Chief Constable (ACC) for Crime & Public Protection (C&PP) and Criminal Justice. The ACC holds a quarterly Public Protection Vulnerability Board attended by C&PP and other Command areas who report on activity, risks and issues. Through this structure the safeguarding of vulnerable adults is championed throughout the organisation with thematic leads in key safeguarding areas such as mental health and missing people.

Essex Police are committed to working with partners. The Force are engaged and represented at a senior level at the Southend Safeguarding Adults Board and associated subgroups where together with key partners, they review, and quality assure policies and recommendations to audit compliance and identify learning. Due to the ongoing impact of COVID-19, Essex Police have continued to adapted working practices to enable increased agile and flexible working. Utilising IT platforms such as Microsoft Teams has continued to ensure that Essex Police work effectively with partners to support vulnerable people. This has seen greater attendance at multiple meetings with different partnership agencies.

The Operations Centre is a central safeguarding hub and is the point of entry into Essex Police for all public protection partnership-related enquiries and referrals. The hub forms the link to the Southend Multi-Agency Safeguarding Hub (MASH) and MASH+. The Operations Centre also contains the Central Referral Unit (CRU) who are responsible for risk assessing and safeguarding high-risk victims of domestic abuse.

The centralisation of all secondary risk assessments for high-risk domestic abuse cases are performed by the CRU. This provides a greater consistency across the Force, which has increased the accuracy and quality of risk assessments, together with timeliness of safeguarding.

Essex Police has seen the introduction of a Domestic Abuse Problem Solving Team (DAPST) in 2021 which are geographically based across the County. The teams are led by a Detective Inspector and are responsible for working with repeat victims of domestic abuse with commissioned services and tackle repeat perpetrators with a focus on the highest risk perpetrators being referred into the MAPPA process. DAPST are regular attendees at Level 2 and 3 MAPPA reviews when Domestic Abuse perpetrators are being discussed and work well with statutory and duty to cooperate agencies.

Mental Health

Essex Police has developed a close working relationship with EPUT to improve prevention, response, and investigation into cases where mental ill health is a factor. Essex Police co-chair the quarterly Concordat meeting which is a multiagency forum to discuss whole system approach to mental ill health in the community, particularly when member of the community reaches crisis point and needs to be detained under S135 and S136 Mental health Act. Additional work is ongoing in relation to better information sharing, to ensure intervention is identified at earlier opportunities with an objective to prevent serious harm to the person who is suffering mental ill health or other community members.

To support this aim a bi-monthly *Mental Health Risk Management Board* has been established to develop dynamic and long-term problem-solving discussions regarding the rising risks to individuals with mental health concerns. This board is a multi-agency tactical co-ordination group governed through the Operations Centre C&PP Command DCI. This will be the forum where all agencies including police can refer in individuals with identified risk factors to be discussed, who do not qualify for MAPPA and ensures that all agencies are supported to mitigate the risk to the individual. Agencies and stakeholders are invited to attend when individual requirements are identified. The board overlays partner concerns regarding individuals, to identify early signs of risk escalation and put in a multi-agency plan to mitigate the risk. In addition to hearing individual cases the board will create a pathway for urgent referrals, to enable early partnership engagement when dynamic needs arise.

Missing Persons

Missing Persons investigations take up a considerable amount of police resources and have a very high deployment rate.

Year	Total Number of Incidents	Those marked No Attendance	Total Number of Deployments	Percentage of deployments
2021	6584	257	6327	96.6%

Essex Police figures for 2020 and 2021 were lower than previous years due to the pandemic and aftermath; in 2019, for example, there was a total of 8,618 reports. Early indications for 2022 suggest that levels are returning to pre-pandemic levels; the amount of missing children reports (710) for March 2022 is the highest recorded since July 2019.

Missing persons investigations are complex, varying significantly in motivation and circumstances. Whilst the force know that many persons are located safely within 24-hours, the requirement is that the force respond with the knowledge that a small number of cases pose an immediate threat to life in Essex 97 percent of episodes each year result in no harm, including self-harm, being suffered. With children under 18, the demand trend indicates that the volume of reports will rise, but at a slightly slower rate to overall missing persons. Children represent over two thirds of all individuals reported missing in Essex. There is a higher prioritisation on investigating children as more evidence has emerged regarding underlying vulnerabilities for, namely criminal and sexual exploitation, abuse and health-related harms. It is widely recognised there is a “cliff edge” in care and provision for older teenagers as they transition from childhood. Unregulated, semi-independent provision for 16- to 18-year-olds has sprung up all over Essex in recent years to

address the need for older teenagers in care to have some independence as they transition into adulthood; however, this has caused issues in as much as Essex Police has been unaware of many establishments until they report a child as missing. We have therefore been unable to partner, develop relationships or set expectations with them.

In 2020 and 2021, the government consulted on proposed reforms and national standards for unregulated provision for children in care and care leavers. As a result, national standards have been devised and all providers that accommodate Looked After Children and care leavers up to 18 will now be regulated by Ofsted. Providers will have to register from April 2023, national standards will be mandatory from autumn 2023, and inspections will commence April 2024.

As a result of recent investment and growth across 2022-22 the force now has a team of 10 Missing Person Liaison Officers (MPLO), who sit within community policing teams, with compliance and supervisory oversight by a Police Sergeant who sits in the OC under supervision of the CI. The MPLOs do not actively investigate or assist in locating the missing person, instead they liaise with other agencies to identify the person's vulnerabilities, to ascertain why they are going missing and look at long-term solutions to reduce or prevent these missing episodes. The MPLOs adopt a problem-solving approach with a heavy focus on 'children in care' missing and repeat occurrences from the same individuals, working with Southend local authority.

The force made changes to its Concern for Welfare Policy in 2019, these have been embedded and improvements have been driven throughout 2022-22 to prioritise an immediate risk or threat of harm to life or property, a crime has been or is going to be committed or attendance is required to prevent breach of the peace. This change has assisted in meeting demand and the shift in working practices has produced stabilisation of the care home missing numbers allowing Officers to focus on those at greatest risk. The force is working towards achieving the new national guidance which sets out policing responsibilities and those of partners.

During the missing persons conference in January, 2020, the Philomena Project from Durham was showcased demonstrating a centralised approach to prevent missing persons which saw a 38 percent reduction in repeat missing numbers. The force created a Memorandum of Understanding (MOU) with the local authorities in August, 2020 as a significant step towards full implementation of the Philomena Project, and currently has a working group who are approaching all care placements requesting them to sign an MOU in line with the Philomena Project. The throughout 2021 force established policies and procedures and using the Philomena Project to prevent repeat episodes of persons with challenging circumstances from going missing. Additionally, the Government has recently published 'reforms to unregulated provision for children in care and care leavers which means that no child under 16 can be placed in independent or semi-independent settings (September, 2021). These reforms will also assist with the Philomena Project as all children under 16 will be in registered settings.

Op Harrier sees *Buddi tags* being provided to dementia sufferers who are at risk of becoming vulnerable missing persons. The force provides the hardware and pass the management of the devices to the persons family. Between August, 2019 and August, 2020 these Buddi tags prevented 27 high risk missing person episodes, with a cost saving of circa £230,000 to the force. There were 814 alerts, 45 of which resulted in the individual's family being alerted and able to assist with supporting them before they went missing. Following this successful pilot the Buddi tag system has been rolled out across Essex.

15.4. Southend Clinical Commissioning Group

(Sharon Connell, Head of Safeguarding, Designated Nurse Safeguarding Children, Southend CCG)

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) on 1st July 2022.

Following a whole system review of child / adult safeguarding arrangements in January 2020 a decision was made to continue to collaborate across wider Essex through Safeguarding Clinical Network (SCN) and Health Executive Forum (HEF). The SCN brings together CCG safeguarding leads and executive nurses to drive forward the safeguarding agenda, highlight risk and collaborate on areas of mutual interest. The HEF has executive representation from all Health commissioners and providers and providing strategic direction to the health economy.

In 2021/22 key safeguarding activity included:

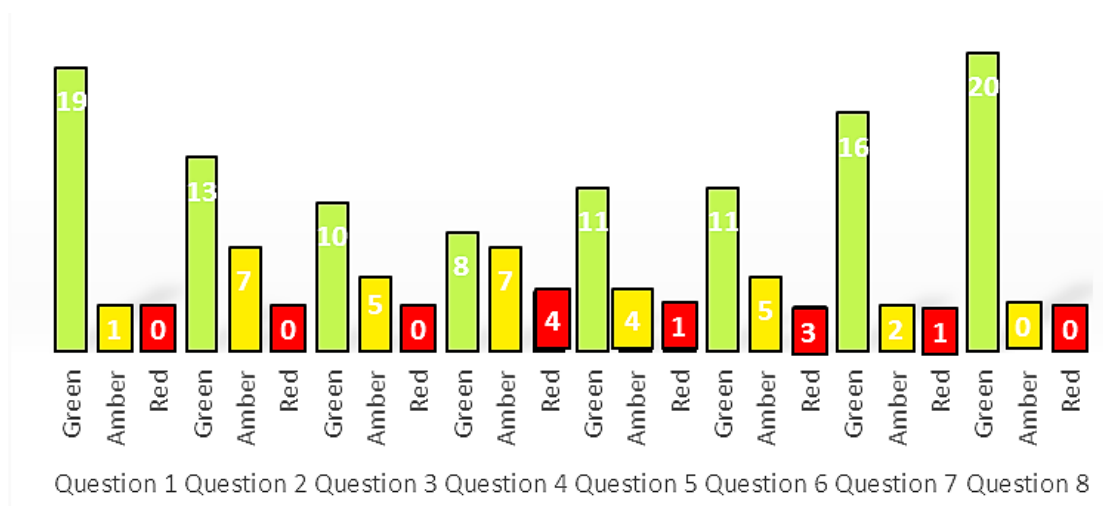
SCCG does not commission General Medical Services but does have a role in supporting primary care in improving the recognition and response to abuse and neglect. The Primary Care Safeguarding Forum has continued to meet via Microsoft Teams (MST) and provides a space for discussion of safeguarding issues and training on topical issues. This is being developed into a library on SharePoint.

Topic	Attendees
Child Sexual Abuse	18
Coercive Control in Older Adult Relationships	19
Child Sexual Exploitation	18
Domestic Abuse & MARAC	22
Think Family	17

A GP Practice Modified Section 11 Self-Assessment Audit was completed in 2021. Out of a total of 27 practices, 20 responded giving a total of 74% response rate for 2019/20. It has to be noted that response rate in the past has been higher with only one practice not completing the audit. Lower response for 2020 was due to additional work pressure during the Covid 19 Pandemic.

Areas of strength included having an identified safeguarding lead, practice policies and safer recruitment processes in place.

Whilst all GPs are trained to the appropriate level more work needs to be done to ensure all practice staff received the appropriate training in line with their roles and responsibilities.



In order to provide clear guidance for practitioners working across Southend, Essex & Thurrock health and multi-agency reference guidance has been produced for Female Genital Mutilation (FGM). This provides clarity around the duties to report, record and prevent cases of FGM.

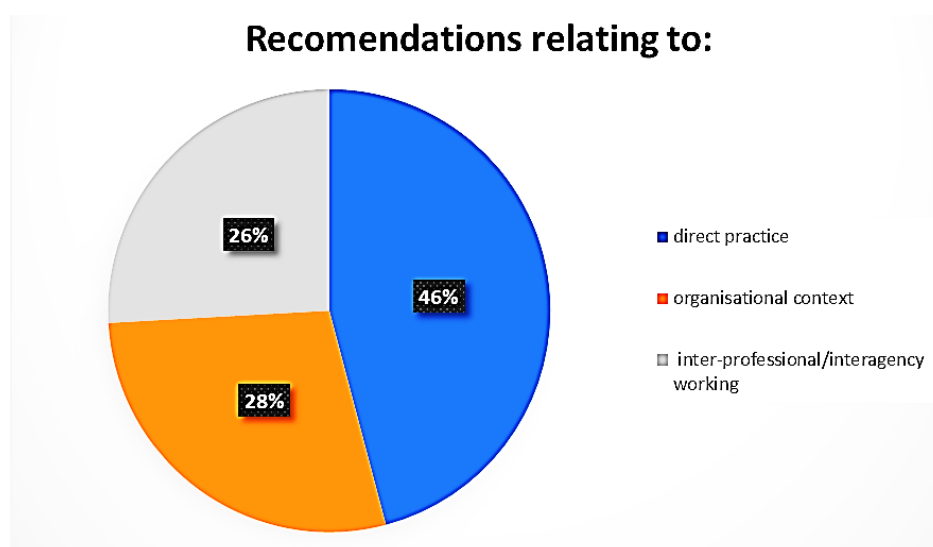
Initial Health Assessments (IHAs) for Looked After Children are holistic assessments that involve the review of health needs, the analysis and assessment of past medical history, missed health

problems and screening opportunities. There have been historical difficulties, exacerbated by the pandemic, in IHAs being performed within timescale, which have been linked to:

- Communication and information sharing between agencies
- Challenges in arranging and completing IHAs due to shortage of paediatricians
- Challenges associated with children being placed out of area

Following some interventions locally, improvements have been substantiated. Further work is ongoing to ensure these are sustained and to explore commissioning a centralised service across MSE.

SCN Case Review Oversight Forum was established to provide oversight and assurance that the learning and recommendations identified in published case reviews is embedded into practice across the NHS. Themes for health services have broadly collated under 3 categories.



The work on this project was paused due to redeployment and organisational change during 2021/22. It will be taken forward by the Integrated Care Board taking a whole system approach to the key themes for Health including professional curiosity, articulating risk when making referrals and escalation of concerns.

16. Updates on safeguarding activity from Partners

Providers' view section, the partnership being a vibrant and multi-service as it is across both adults and children. Incl. Health Setting / Care Setting / Third Sector provider

16.1. NELFT

(Jay Lucy Spires (née Brown) Interim Named Nurse Safeguarding Children for Southend, Essex and Thurrock)

NELFT responded highlighting that the SSP processes are very clear and noted the benefit of the DASH board clearly indicating themes and trends. NELFT's view is that the SSP are quick to respond to emerging trends and utilise the relationships established to promote positive change. Although NELFT only have children's mental health services within Southend, it is clear that there is a 'Think Family' model being utilised across the system. Transition from children to adult services appears to have improved both from a mental health and social care perspective. There appears to have been an increase in multi-agency training being made available which has improved professionals working together and facilitates a better understanding of service delivery.

The interim named nurse for safeguarding in NELFT gave a personal reflection to the partnership stating that she finds the SSP open to suggestions and new ways of working. She also advised that there is a personable approach to working together and there is a clear escalation process for when things are not working so well.

16.2. Mid and South Essex NHS Foundation Trust

(Paul Hodson | Associate director for safeguarding | Clinical Governance, Mid and South Essex NHS Foundation Trust)

Mid and South Essex NHS Foundation Trust was formed on 1st April 2020 following the acquisition of Mid Essex Hospitals Services NHS Trust and Basildon and Thurrock University Hospital Trust by Southend University Hospital NHS Foundation Trust.

It is one of the largest hospital trusts in England, serving a regional and national population for some tertiary services.

The combined organisation provides acute and some community services across three main hospitals:

- Southend University Hospital
- Basildon University Hospital
- Broomfield Hospital

The trust has around 1800 in-patient beds over 3 main sites and other community sites. The trust has over 15,000 members of staff.

The trust had experienced challenges over the past year due to the COVID-19 pandemic. There has been redeployment of staff at the trust during that period to support staff in critical areas and to support the vaccination programme. Services had to be redesigned and moved at short notice without impacting the delivery of the safeguarding service. In the last year the Trust has experienced some challenges in staffing but has now successfully recruited to all vacant positions.

Mid and South Essex NHS Foundation Trust remains committed to partnership working and has continued through this period to engage and support local safeguarding strategies and workplans. The Trust has also continued to make progress with its own Safeguarding Strategy during this time. Trust achievements in the last year include improvements in information sharing process between maternity and 0-19 services (now known as Children, Young People and Families Public Health Services); assurance reports to demonstrate effectiveness of service; introduction of a Safeguarding Level 3 Programme; delivery of audits including mental capacity assessment, dementia, young people with mental health concerns accessing MSE services; review and updates of all safeguarding related policies; improvements to access to records systems which have positively impacted on partnership investigations into safeguarding concerns, and work on the mental health agenda.

MSE child safeguarding leads and safeguarding leads in 0-19 services have worked in partnership to agree a robust process for the sharing of information between maternity and community services relating to vulnerability factors and risk factors identified in the antenatal period. The new process has improved safeguarding case management and joint working. Feedback has been positive that as a result information sharing has improved significantly.

Southend Hospital Services have responded to indicators of harm and abuse for unborn babies, children and young people during contacts and interactions within our services. Over 200 children's safeguarding referrals to MASH+ were submitted by our

staff in the last year. Themes include domestic abuse, neglect and risks related to parental substance misuse.

Southend Hospital Services have referred over 150 safeguarding cases to the our partner Local Authorities and have responded to 95 Section 42 Safeguarding Enquiries involving the hospital. Themes include neglect / omission, pressure injury and falls. These themes are now monitored through the Trust Harm Free panel with action plans in place to improve care and minimise risk of harm.

Mid and South Essex NHS Foundation Trust continues to see and experience the benefits to our local community by fully engaging with a partnership approach to all aspects of safeguarding unborn, children, young people, and adults. This partnership approach has allowed for alignment of safeguarding workstreams across services within the partnership agencies, including health resulting in a stronger and cohesive safeguarding service within Southend.

16.3. HM Prison and Probation Service

(Martin Lucas - Head of South Essex PDU)

The Probation Service supervises adults subject to community sentences and post-custody licence periods. Services include advice to Courts and the Parole Board, resettlement planning for adults in prison, and the delivery of offending behaviour change programmes and Community Payback in the community. In the Southend area, the Probation Service contracts partner organisations to work with people on probation. These are:

- Interventions Alliance – for accommodation and ETE services
- The Advance Charity – for women
- The Forward Trust – for Personal Wellbeing services for adult males

In Southend, The Probation Service also works in partnership with the Aspirations Project to offer a women only reporting environment which includes additional services to support women with vulnerabilities in relation to substance misuse and sexual exploitation. A Senior Probation Officer in Southend chairs a local Safeguarding Forum, which provides multi-agency assessment and safety planning for women who sell sex.

The Probation Service works with STARS for the co-management of Drug Rehabilitation Requirements and Alcohol Treatment Requirements, with Court mandated requirements for people on probation whose offending behaviour is linked to substance misuse. Funding has been made available to the Probation Service to invest in Dependency & Recovery services and we are in discussion with the Southend Drug and Alcohol Commissioning Officer to bring our expertise and funding pools together for this group.

We have identified a risk relating to adults with care needs who present a risk of harm related to sexual and violence offending. We are working alongside the Southend Safeguarding Partnership and with colleagues in Essex Police, Adult Social Care and Health to review best practice arrangements for such cases.

17. Finance

(P. Hill, Business Manager, SSP)

17.1. History

The Southend Safeguarding Partnership budget contributions by Strategic Partners were shared unequally up to 2021/2022:

- Local Authority 48%
- Police 26%
- Health 26%
- Others (approx. £7k deducted before Strategic Partners contributions calculated)

It was agreed by the Southend Safeguarding Budget Strategic Leadership Group in 2022 that these costs would be shared equally. The Southend Safeguarding Partnership budget contributions for 2022/2023 were:

- Local Authority 33.3%
- Police 33.3%
- Health 33.3%

17.2. Future Budget Construction

The Strategic Partners of Southend Safeguarding Partnership may choose to divide the costs differently for future years or may choose to remain with the current methodology (described above).

17.3. Budget Pressures (2019/20), (2020/21)

A decision to change the structure of the Southend Safeguarding Children's and Adults support staff was made in year 2018/19:

Southend Safeguarding Children's and Adults Boards were the responsibility of a single manager (2018). Consultants were engaged (Sanna Westwood and Craig Derry 2018/19) to support the Manager (Helen Carrick) and review the governance and structure of both Adults and Children's Boards. The Strategic Leadership Group (including Local Authority, Police and Clinical Commissioning Group) agreed to employ two Business Managers and 1 FTE administrative support. The two Business Managers were engaged in Sept 2019 and the two part-time administrative support employees (1 FTE) remained.

It was further agreed to maintain the independent chair / advisor for both Children's and Adult Groups.

The increase in costs as a result of this decision was £45k per annum.

A decision was made by the Strategic Partners to include all costs of the Safeguarding Boards in the Resource Planning and Budget Proposals for 2019/20. Both Southend Safeguarding Children's and Adults Boards are hosted by Southend Unitary Authority. This includes accommodation, ICT, procurement, employment, human resources etc.

In the past not all costs have been captured and so have not been shared between strategic lead organisations. A resource plan was submitted to the Southend Safeguarding Strategic Leads Group and it was agreed that all costs (*provided they are defined*) should be included. This change led to a change in the total budget that was shared with strategic partners:

- Financial Breakdown (shown in section below) – line 2 (Salaries on costs 34% of salaries)
 - Increase in Cost £40k
- Financial Breakdown of "In Kind – Goods and Services" (shown in section below)
 - Increase in Cost £62k

The Covid-19 Pandemic stopped a significant amount of activity in 2019/20 and has done so in 2020/21. There have been no conferences, meetings, events, organised learning or teaching meetings. This has led to an increase in reserves in 2019/20 and a change in the budget requirements for 2020/21.

The costs attributable to serious Case Reviews and Practitioners Reviews are currently assigned to a budget controlled by children's services of the SUA. These costs should be borne by the SSP. These costs were not captured between 2019 to 2021

17.4. Budget Summary 2019 - 2022

Financial Breakdown 2019/20

SAB 2019/20	Amount Paid (£)
NHS Southend CCG	36,031.00
Essex Police	22,700.00
Southend Borough Council	41,950.00
	100,681.00

	Outturn (£)
Expenditure	-85,430.75
Income	100,681.00
Net Budget	15,250.25

Reserves	£28,010
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LSCB 2019/20	Amount Paid (£)
NHS Southend CCG	36,031.01
Essex Police	14,355.00
Southend Borough Council	51,060.00
DSG	10,000.00
CAFCASS	850.00
Essex CRC	4,577.00
National Probation Service	1,206.21
	118,079.22

	Outturn (£)
Expenditure	-111,518.59
Income	118,079.22
Net Budget	6,560.63

Reserves	£25,779
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It is noted that the Southend Clinical Commissioning Group paid the uplifted amount in 2019/20, Essex Police did not. The reduction in costs because of the COVID-19 pandemic also meant that Southend Borough Council did not pay the uplifted amount.

Financial Breakdown 2020/21

SAB 2020/21	Amount Paid (£)
NHS Southend CCG	36,031.00
Essex Police	22,711.00
Southend Borough Council	41,950.00
	100,692.00

Outturn (£)	
Expenditure	-104,172.62
Income	100,692.00
Net Budget	3,480.62

Reserves	£43,312
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LSCB 2020/21	Amount Paid (£)
NHS Southend CCG	36,031.00
Essex Police	14,355.00
Southend Borough Council	50,843.00
Other Charges	-951.00
DSG	10,000.00
CAFCASS	-300.00
Essex CRC	4,577.00
National Probation Service	1,206.21.00
	115761.21

Outturn (£)	
Expenditure	-105,951.59
Income	115,761.00
Net Budget	9809.62

Reserves	£32,311
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Financial Breakdown 2021/2022

(includes projections for quarter 4)

SAB 2021/2022	Amount Paid (£)
NHS Southend CCG	36,031.00
Essex Police	22,711.00
Southend Borough Council	43,500.00
	102,242.00

	Projected Outturn (£)
Expenditure	-102,996.35
Income	102,242.00
Net Budget	-754.35

Reserves	43,056
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LSCB 2021/2022	Amount Paid (£)
NHS Southend CCG	36,031.00
CAFCASS	550.00
Essex CRC	4,577.00
Essex Police	14,355.00
Southend Borough Council	60,700.00
National Probation Service	1,206.00
	117,419.00

	Projected Outturn (£)
Expenditure	-117,365.51
Income	117,419.00
Net Budget	53.49

Reserves	49,427
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Projected Financial Breakdown 2022/2023

Finances for the Safeguarding Partnership will be managed from on budget in 2022/2023

SSP 2022/2023	Amount to be invoiced (£)
NHS Southend CCG	87,779.00
Essex Police	87,779.00
Southend Borough Council	87,779.00
	263,370.00

Projected Outturn	£12.682.40
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17.6. Projected Expenditure 2022/2023

Line	Projected Expenditure	
1	Professional Fees: Independent Advisor (+ expenses) Case Review Authors (SAR/LCSPR) (Estimated)	£37,000 £30,000
2	Salaries (Incl 34% on costs) 1 x Business Manager (and Adults Lead) 1 x Childrens Lead 1 x Business Support	£154,543
3	Car Allowances/Subsistence	£0
4	Travel Expenses	£0
5	Event - Room / Equipment Hire - Any costs will be recovered from Partners	£0
6	Event - Speaker expenses - Any costs will be recovered from Partners	£0
7	Event – Catering - Any costs will be recovered from Partners	£0
8	Web Design (Host) - (£50/month + £400 for changes to website during year)	£1,000
9	ICT: ChronoLator Licence	£1,200
10	ICT: Hardware - 5 laptops (incl. 2 more expensive surface pro) are provided. The replacement schedule for laptops at SBC is 5 yrs. Assuming 1 Laptop replacement / year	£1,600
11	Association of Independent LSCB Chairs & Professional Associations	£1,500
12	Professional Subscriptions	£2,000

13 In Kind (Goods and Services Provided)

15	Health & Safety	£500
16	Human Resource Management (4fte @£1,218ea)	£4,872
17	Professional Fees: Legal Services	£11,000
20	Office Space (1 Desks @ £1,600ea). The on-costs for PAYE do not cover office space or office sundries	£1,600
21	Training provided by Southend Borough Council. SBC records cannot identify training attended and do not recover costs from departments as training budget is central.	£0
22	Employee Benefits (incl. absence mgt., appraisal)	£500
23	Office Expenses: Telephone charges	£400
24	Office Expenses: Mobile Phone	£500
25	Office Expenses: Stationery	£1,000
26	Office Expenses: Postage	£200
27	Office Expenses: Printing	£500
28	Insurance	£200
29	Sundries	£500
31	Recruitment	£12,000
32	Security	£14

33	In Kind (Goods and Services Provided) subtotal	£33,786
34	Ringfenced salaries (3 years) (½ fte Office and Case Review Manager (Incl. 34% on costs)	£81,542
35	Expenditure (including ring fenced salaries)	£344,171
36	Income (including reserves)	£355,853
37	Projected Outturn (including reserves)	£11,682

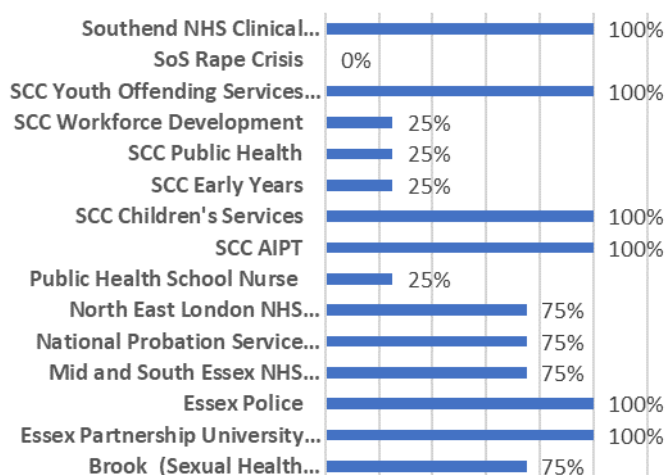
Appendix 1 – Partnership Meeting Attendance Records

Note: Members all receive meeting papers, and some choose to comment before the meeting, or are on the circulation list by request.

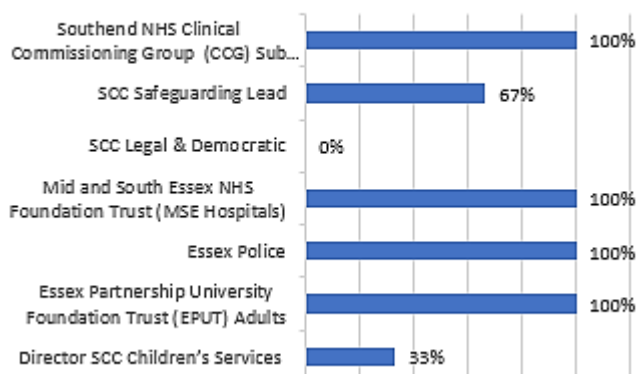
Key

SSP	Southend Safeguarding Partnership
SSPA	Southend Safeguarding Partnership Adults
SSPC	Southend Safeguarding Partnership Children
SSPC	SSPC Partners
SSPA	SSPA Partners
SSPC P	SSPC Performance
SSPC AQA	SSPC Audit & Quality Assurance
SSP L&D	SSP Learning & Development
SSPC PRSG	SSPC Practice Review
SSPA SACRP	SSPA Safeguarding Adults Case Review Panel
SSPC EM	SSP Exploitation & Missing
SSPA PAQA	SSPA Performance, Audit, Quality & Assurance

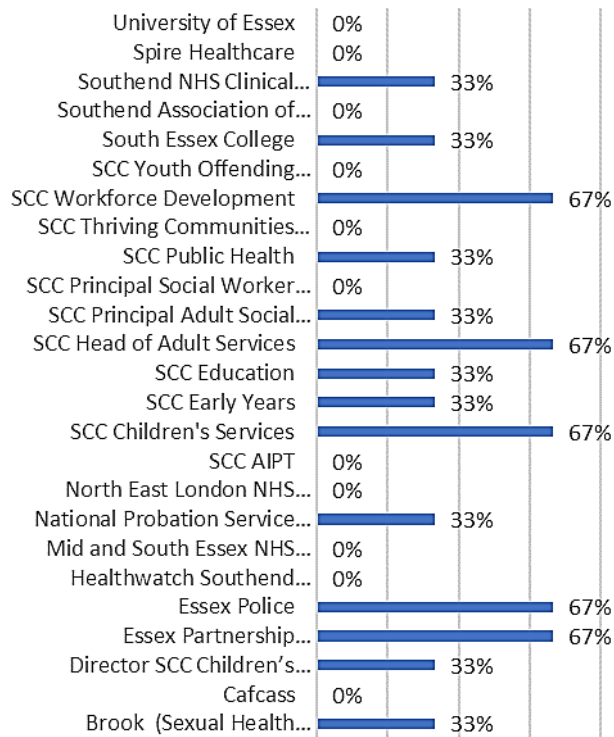
SSP E&M



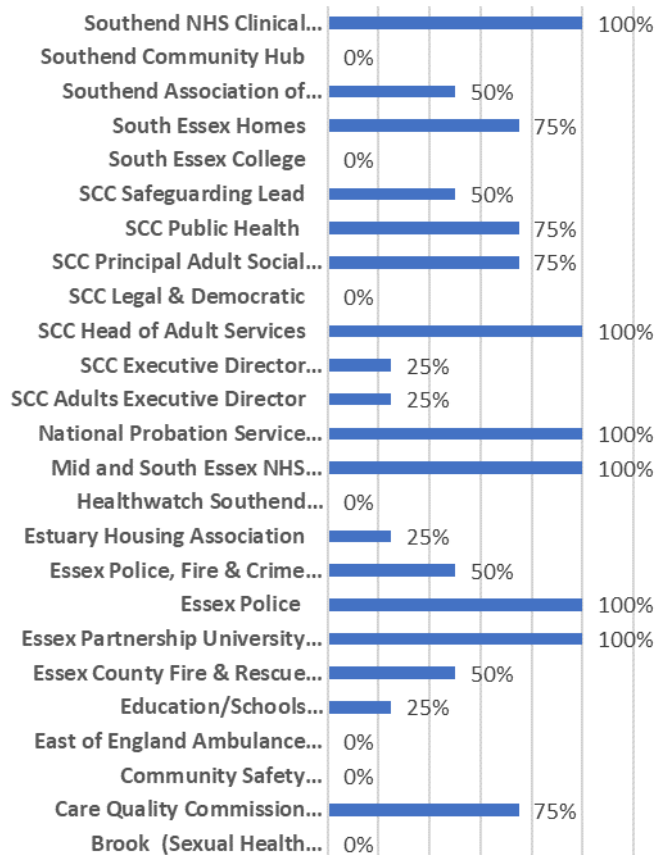
SACRP



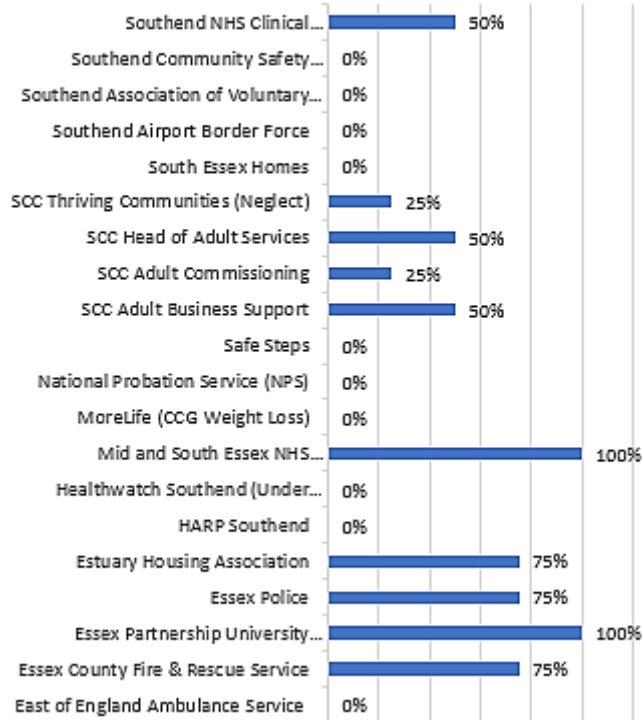
SSP L&D



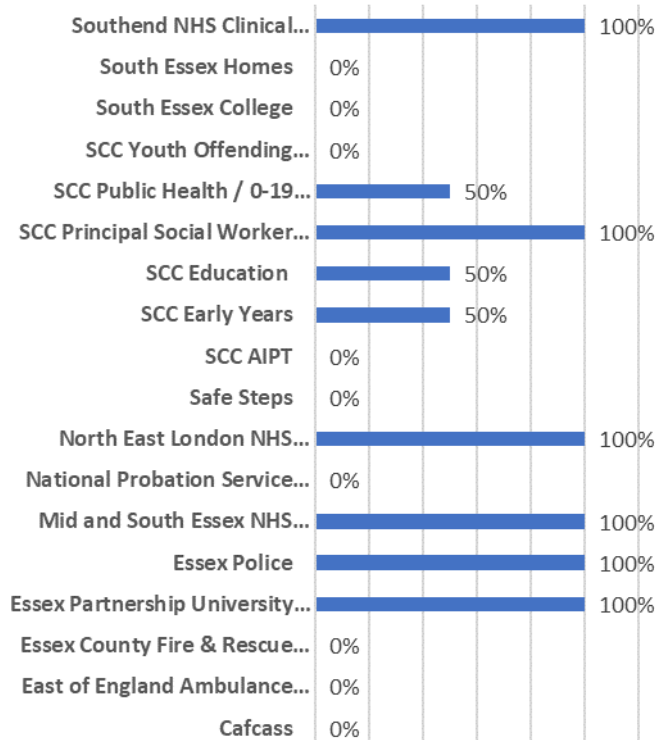
SSPA



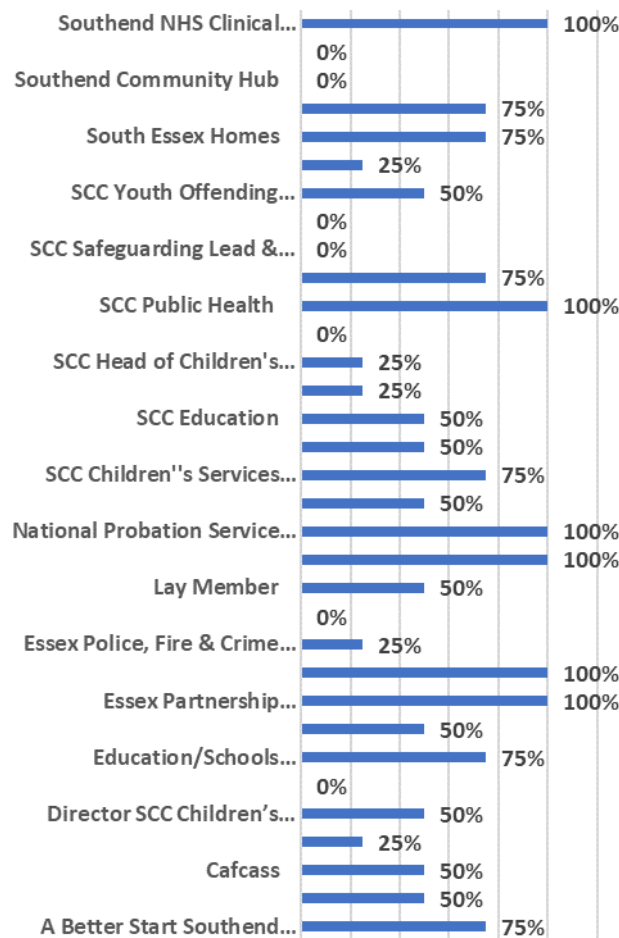
SSPA Perf & AQA



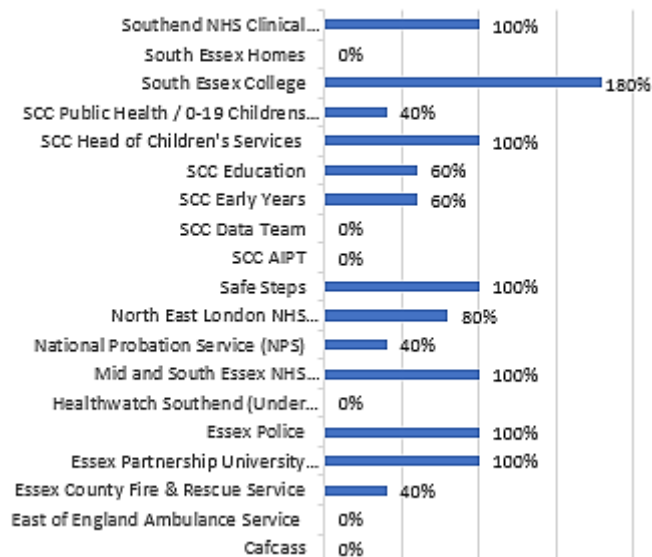
SSPC AQA



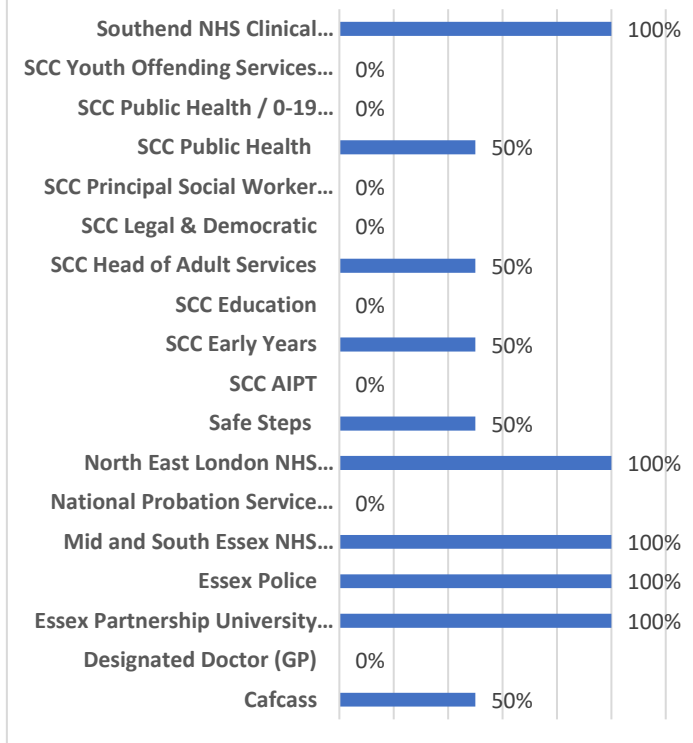
SSPC



SSPC Performance



SSPC Practice Review



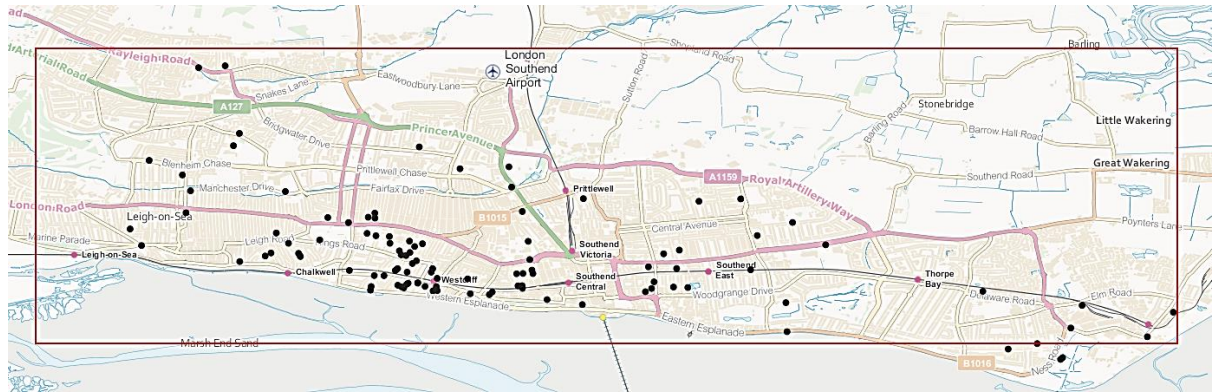
Appendix 2 - Background 'Southend' Data

(P. Hill, Business Manager, SSP)

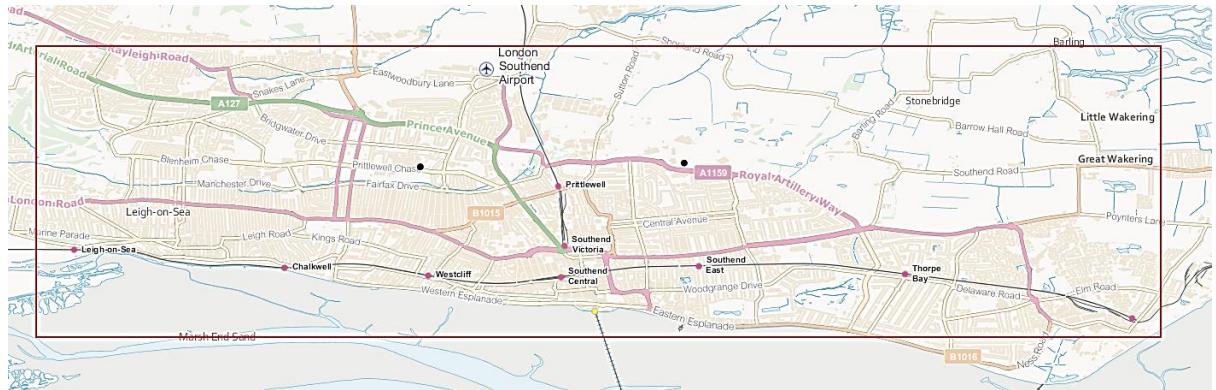
These data sets are drawn from National sources and are used by Partners in the delivery of their services.

17.7. Southend Facilities

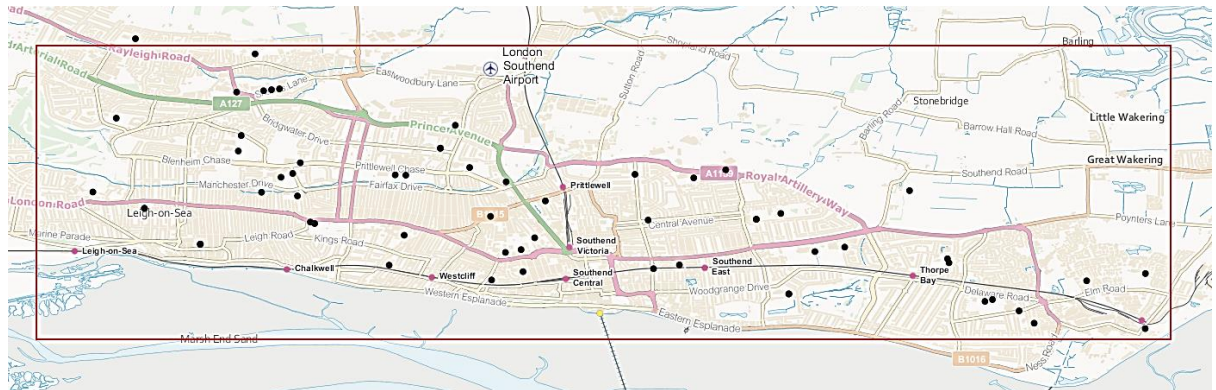
Care Homes



Hospitals



Schools

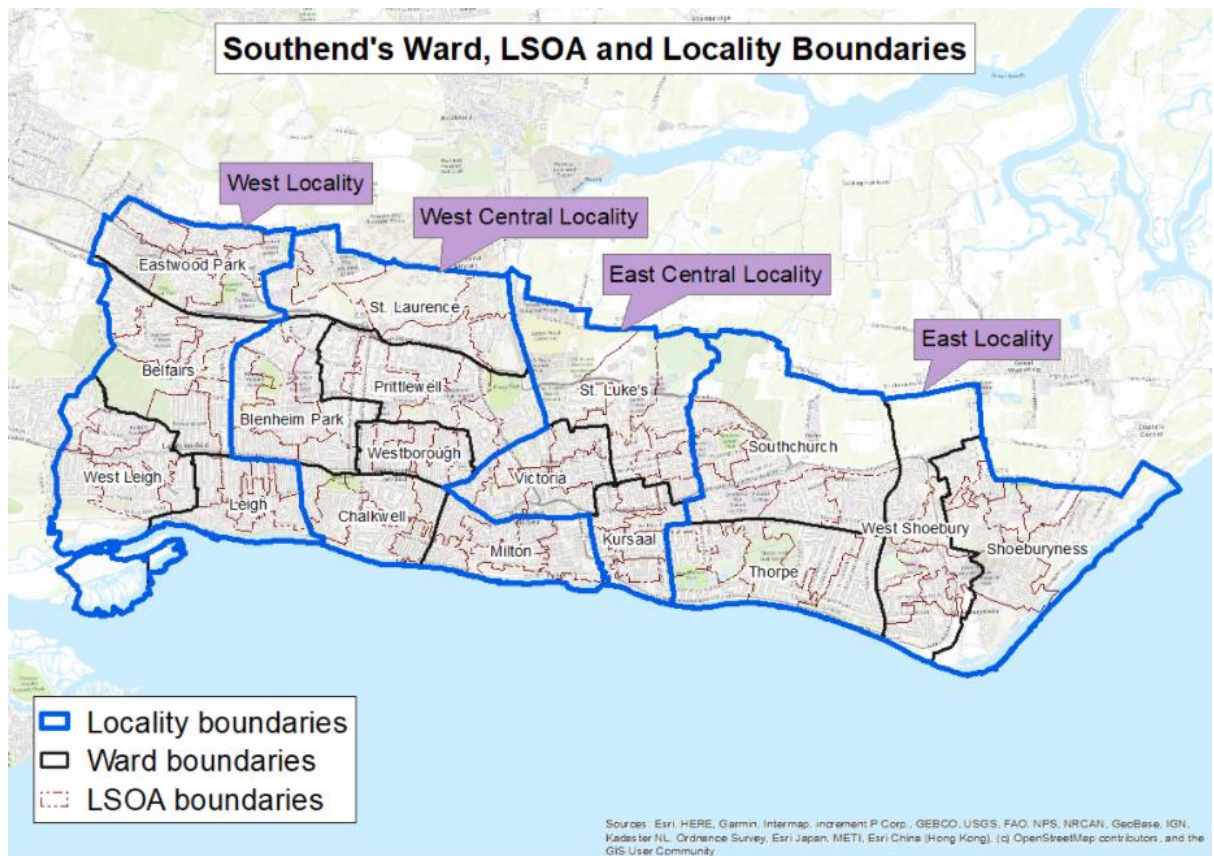


17.8. Smart Southend

A website available to the public that includes significant data and information about Southend:

<https://about-southend-southend.hub.arcgis.com/pages/general>

Southend on Sea is a large coastal town situated in south-eastern Essex in the East of England. It is the seventh most densely populated area in the United Kingdom outside of London and features the world's longest pleasure pier, stretching 1.34 miles (2.16 km) from the shore. Southend is the nearest seaside resort to London with easy rail access via 2 main rail lines, or by road via the M25 and A127 or A13.



Southend is the 36th most densely populated district in England and Wales out of a total of 348. Our CCG covers an estimated population of 182,773 people across Southend, Leigh, Westcliff and Thorpe Bay. More than 17,072 citizens are over the age of 75.

By 2031, the projected population for Southend-on-Sea will be 195,875. This assumes a growth rate of 5.27% which is higher than the 4.21% projected growth rate for England. The over 65 population is projected to increase by 19.5% in Southend.

- Male Population, [89,594](#) - Change since 2019: - 235
- Female Population, [93,179](#) - Change since 2019: - 117
- Child (0-4) Population, [10,781](#) – Change 2018-2019: -201 / Change since 2019: -322
- Child (5-17) Population, [28,955](#) – Change 2018-2019: + 399 / Change since 2019: + 320
- Elderly (65+) Population, [35,661](#) - Change 2018-2019: + 528 / Change since 2019: + 36

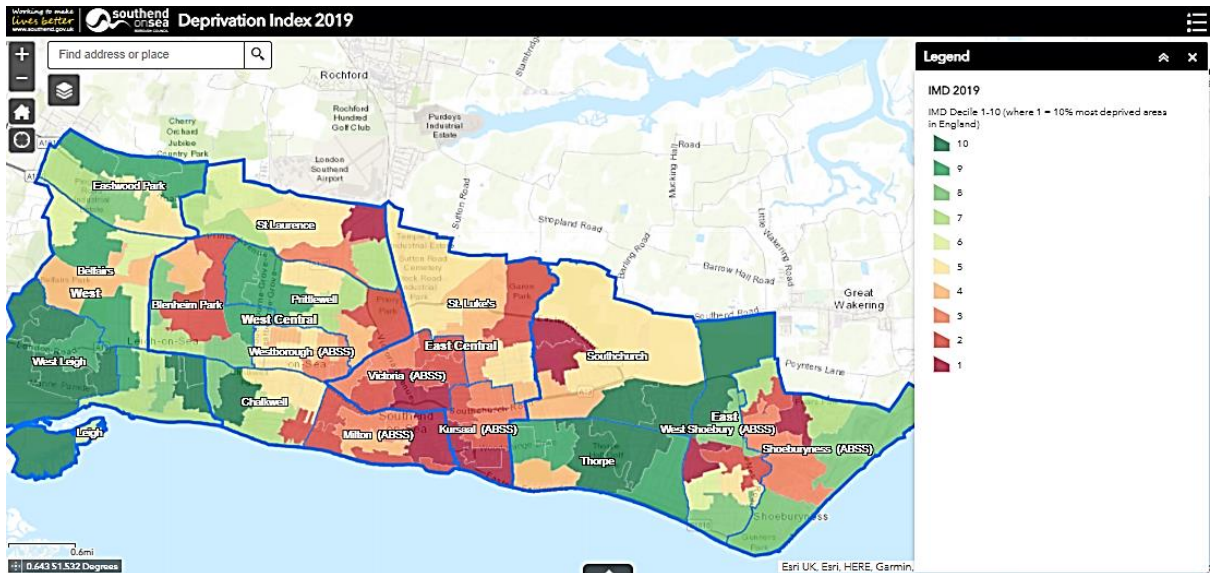
Southend-on-Sea is one of Essex's most deprived areas. It has a higher index of deprivation (IMD) than both Essex and England as a whole.

9 areas have been identified as being in the top 10% most deprived areas in England, whilst 13 areas are ranked in the least 10% deprived.

The wards with the highest levels of deprivation are located within the East Locality with Kursaal, Victoria and Milton being ranked the highest on the IMD (2019).

In the most deprived and least deprived wards there is a life expectancy gap of 9 years for males and 10 years for females.

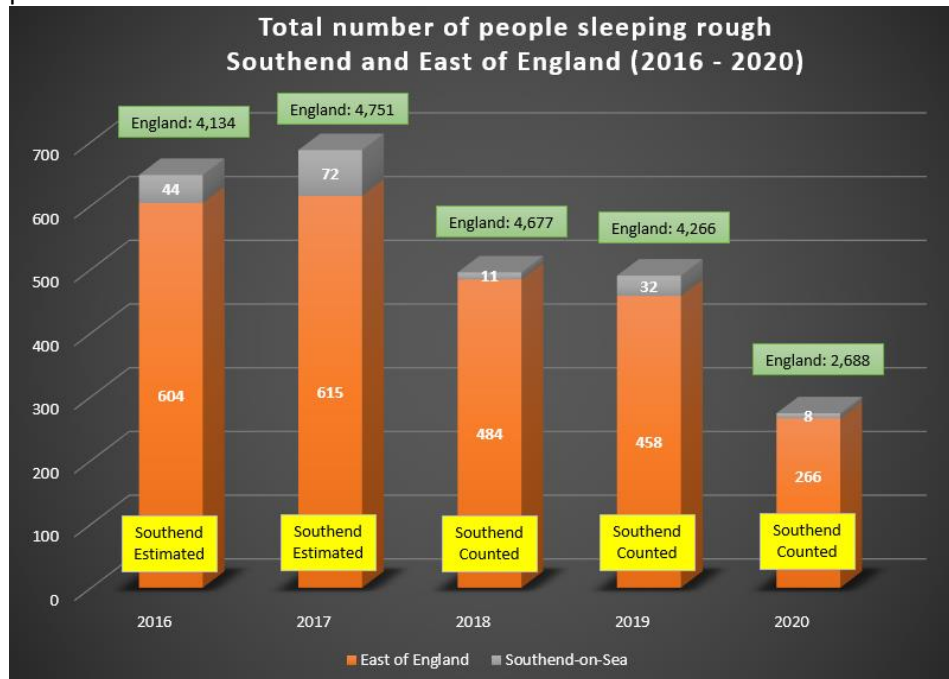
25.8% of Southend-on-Sea's residents live in 20% of the most deprived areas in England.



Household Assessments

For the period January to March 2021 there were 154 households assessed to be at risk of homelessness within the next 56 days. This represents a small increase from the same quarter period in 2020 when there were 146.

A dramatic improvement can be seen for households assessed as homeless. During January to March 2020 there were 208 households and this halved to 100 for the same corresponding period in 2021.



Supporting Families

The Troubled Families programme was launched in 2011 to improve outcomes for families. This might have meant improving a child’s school attendance so that they can get the best start in life or supporting a parent to overcome their substance misuse and keep their family together or supporting victims of domestic abuse so they can build a more positive future for themselves and their family.

In 2021-22, the next phase of the programme was launched – Supporting Families – which will focus on building resilience of vulnerable families and enabling system changes locally to be able to identify families in need and provide the right support at the right time.

The number of families that were supported by the troubled families programme in the past year to 31st March 2021 was 548.

Early Help Family Support

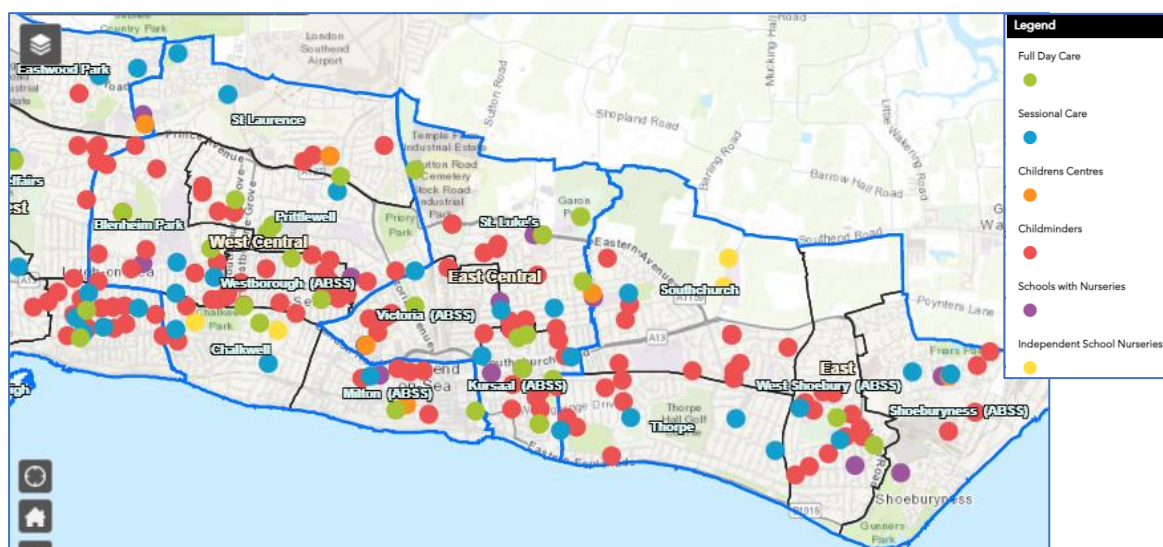
Early Help Family Support is about providing children and families, regardless of age, with the assistance they require as soon as needs present themselves, to prevent escalation and more intensive support later on.

They can help to raise young people's aspirations and achievement, ensure they have the opportunities they need for inclusion, facilitate their participation in decision making that affects their lives and strive for excellence in the services they provide for them.

As of 31st March 2021, the number of contacts / referrals to the Early Help front door was 2210 leading to 319 number of assessments completed.

The Early Years Service is responsible for quality and sufficiency across early years provision and The Early Years Foundation Stage (EYFS) sets standards for the learning, development and care of children from birth to 5 years old.

All schools and Ofsted registered early years providers must follow the EYFS, including childminders, preschools, nurseries and school reception classes.



The map shows locations of some Early Years Care Providers in Southend.

Children In Need (CIN), Child Protection Plans (CPP) and Looked After Children (LAC).

Children in Need

A child in need is defined under the Children Act 1989 as a child who is unlikely to reach or maintain a satisfactory level of health or development, or their health or development will be significantly impaired without the provision of children's social care services, or the child is disabled.

For the four reported years up until 2015/16, Southend's rate of CIN has been significantly lower than England's rate. Since then, Southend has fluctuated up and down. In 2018/19 Southend's rate of CIN was significantly higher than England but in 2019/20 Southend's rate of CIN dropped to be statistically similar to England.

For 2019/20 Southend had 1,271 Children in Need episodes which equates to a rate of 319.8. This rate is much lower compared to 2018/19 when it was 359.1 England's rate for 2019/20 was 323.7

In 2020 319.8 / 10000 were children in need, a total of 1271 episode.

Referrals

A referral is defined as a request for services to be provided by children's social care and is in respect of a child who is not currently in need.

For the four reported year up until 2015/16, Southend's referral rate had been significantly lower than England's referral rate. However, since then up to the latest reported period (31st March 2020), Southend's referral rate has been significantly higher than England's.

For 2019/20 Southend had 2,721 referrals which equates to a rate of 684.7. This rate was down slightly compared to 2018/19 when it was 701.0 however it's still much higher than England's rate of 534.8

In 2020 684.7 referrals were made per 10,000 children a total of 2721 referrals

Assessments

Local authorities undertake assessments of the needs of individual children to determine what services to provide and action to take. An assessment should be completed within 45 working days of a referral.

Factors identified at the end of assessment are additional factors that social workers record as being relevant in a case at the end of assessment. This means that the majority of children will have more than one factor identified and reported for each episode of need.

In 2019/20 Southend has 1,925 episodes of need with assessment information, an increase of 437 from 2019.

Consistently over the past three years, the mental health of the parent has been a common assessment factor.

In 2017/18 the rate was 32% in Southend and 27% in England although mental health of the parent was the second most common factor in this year behind domestic violence (34% in Southend and 32% in England).

The following year in 2018/19, whereas the England rate remained at 27%, Southend's rate increased to 42%.

The latest figures for 2019/20 show the margin between Southend and England's rate has narrowed whereby Southend's rate was down slightly to 41% and England's rate up to 30%.

Child Protection Plans

If a local authority identifies that there is reasonable cause to suspect the child is suffering, or is likely to suffer significant harm, it will carry out an assessment under section 47 of the Children Act 1989 to determine if it needs to take steps to safeguard and promote the welfare of the child.

If concerns are substantiated and the child is judged to be at continuing risk of harm then an initial child protection conference should be convened within 15 working days.

A child becomes the subject of a child protection plan if they are assessed as being at risk of harm, at an initial child protection conference.

For the past two reported years in 2018/19 and 2019/20, Southend's rate of children subject to a child protection plan has been statistically similar to England. This stability followed a period whereby in 2016/17 Southend's rate of children subject to a child protection plan was higher than England's and in 2017/18 when Southend's rate was lower than England's.

For 2019/20 Southend had 160 children who were the subject of a Child Protection Plan which equates to a rate of 40.3. This rate was down slightly compared to 2018/19 when it was 43.2. England's rate for 2019/20 was 42.8

Looked After Children (LAC)

Under the Children Act 1989, a child is "looked after" by a local authority if he or she falls into one of the following: is provided with accommodation, for a continuous period of more than 24 hours, [Children Act 1989, Section 20 and 21]; is subject to a care order [Children Act 1989, Part IV]; is subject to a placement order.

Looked After - For the past four reported years between 2016/17 and 2019/20, Southend's rate of looked after children has been significantly higher than England's rate of looked after children. This followed a period between 2012/13 and 2015/16 where Southend's rate of looked after children was similar to England's.

For 2019/20 Southend had 314 Looked After Children which equates to a rate of 79.0. This rate was up slightly compared to 2018/19 when it was 77.9 but is a smaller increase compared to the trend over the previous 3 years. England's rate for 2019/20 was 66.6 which is a 12.4 percentage point difference.

Starting to be Looked After - Apart from a couple of exceptions in the years 2015/16 and 2016/17, Southend's rate of children starting a looked after episode has been statistically similar to England.

For 2019/20 Southend had 115 children starting to be looked after, which equates to a rate of 28.9. This rate was very slightly down compared to 2018/19 when it was 29.1. England's rate for 2019/20 was 25.8.

Ceasing to be Looked After - Apart from 2016/17, Southend's rate of children ceasing a looked after episode has been statistically similar to England.

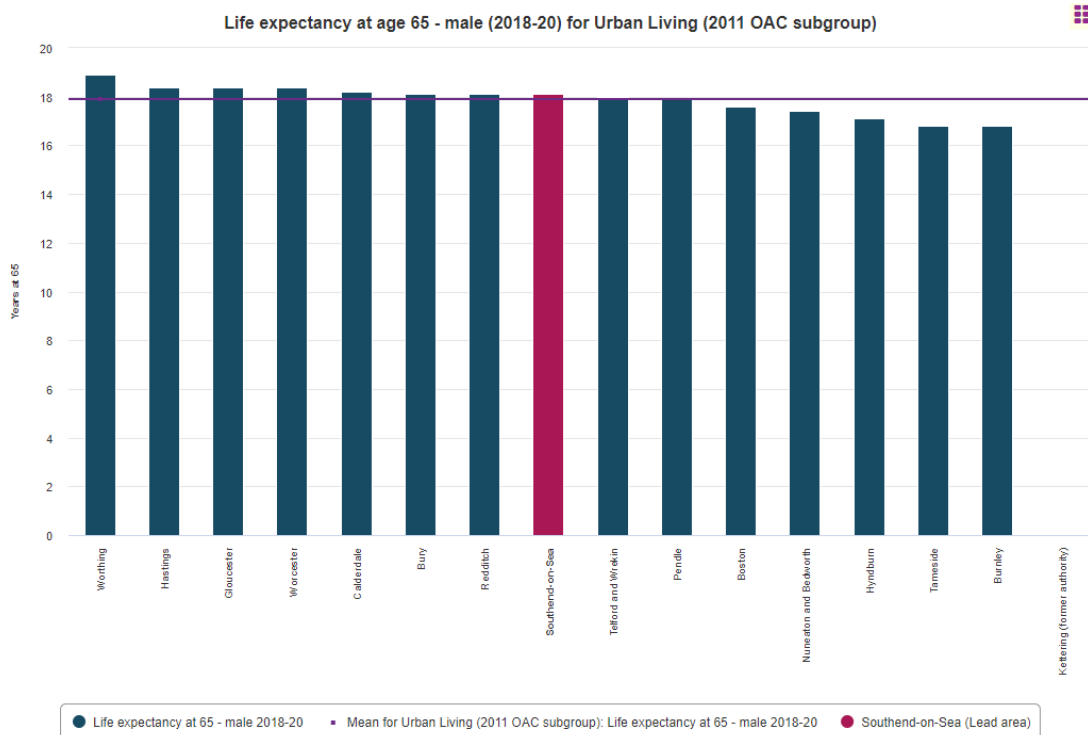
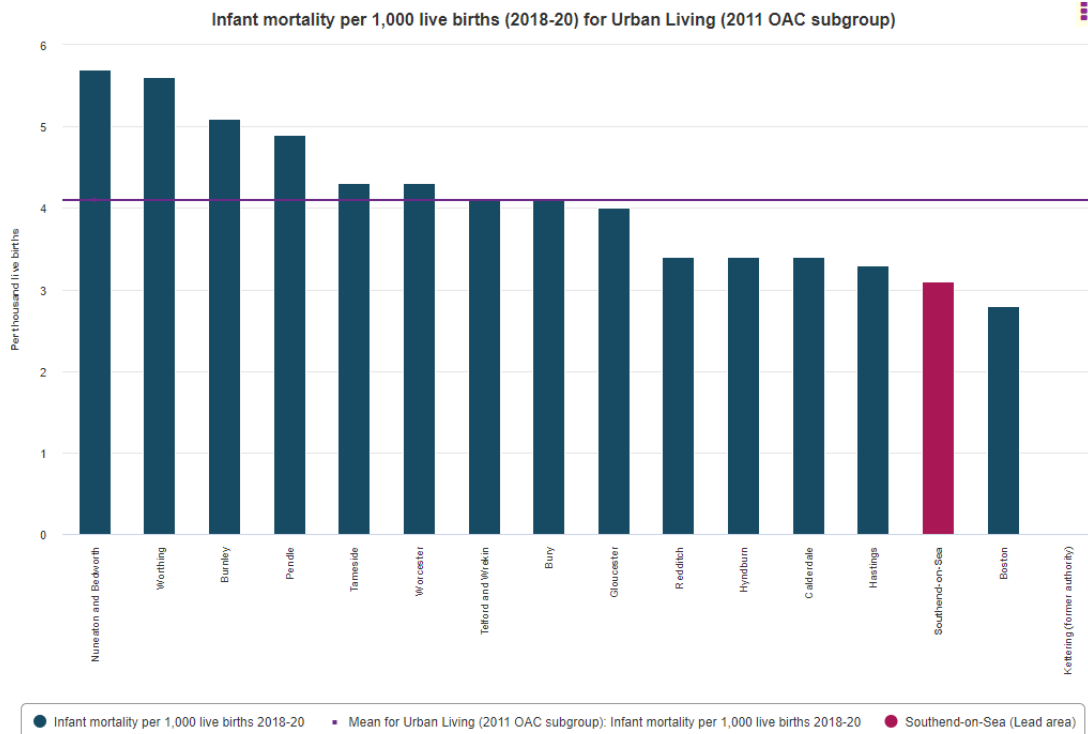
For 2019/20 Southend had 108 children ceasing to be looked after, which equates to a rate of 27.2. This rate is a 2.4 percentage point increase compared to the previous year in 2018/19 when it was 24.8. England's rate for 2019/20 was 24.6.

17.9. LG Inform – Improving services through information

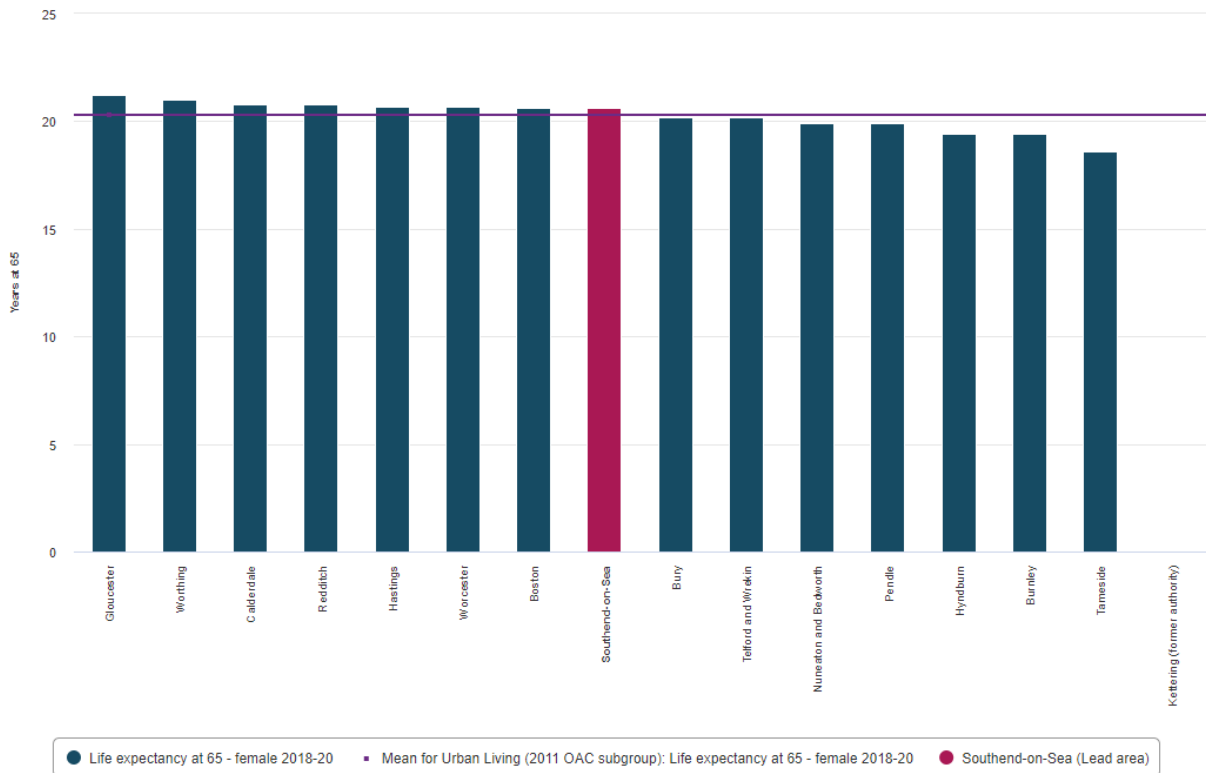
[Local Government Inform \(LG Inform\)](#) is an online service that allows registered users to access, compare and analyse data, and present their findings online or offline.

LG Inform brings together in one accessible place a range of key performance data for authorities, alongside contextual and financial information, in an online tool.

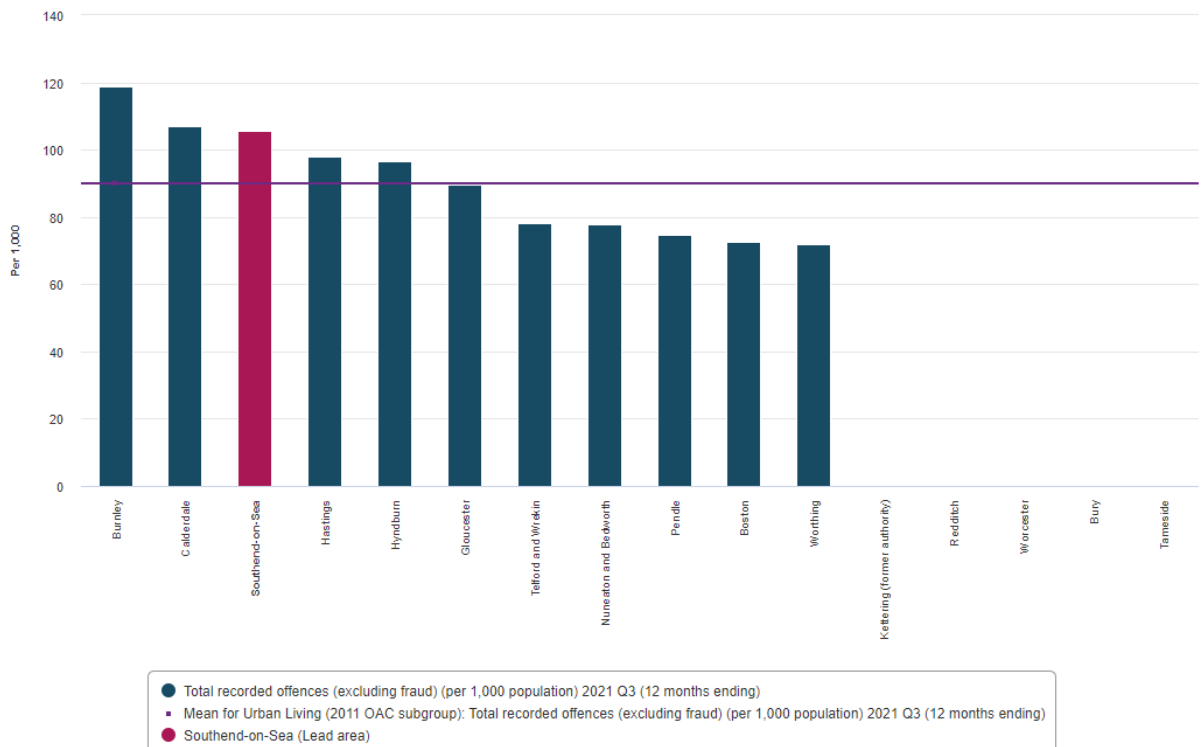
Selected data from LG Inform that refers specifically to Southend and in the arena of Safeguarding is shown below:



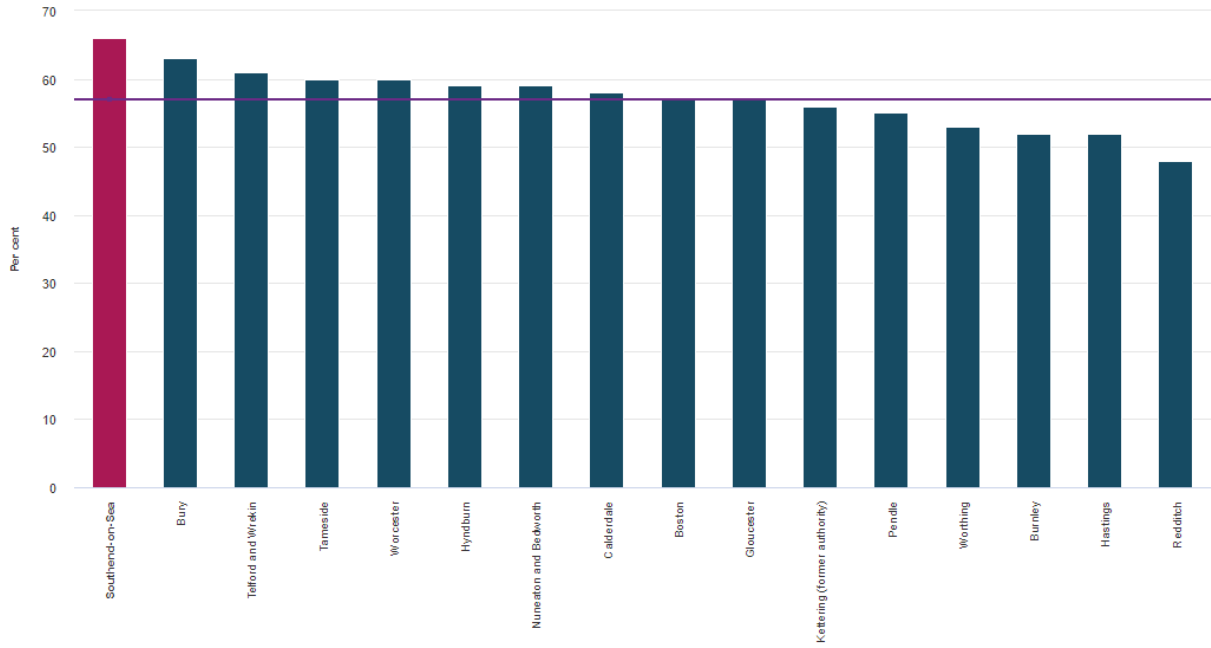
Life expectancy at age 65 - female (2018-20) for Urban Living (2011 OAC subgroup)



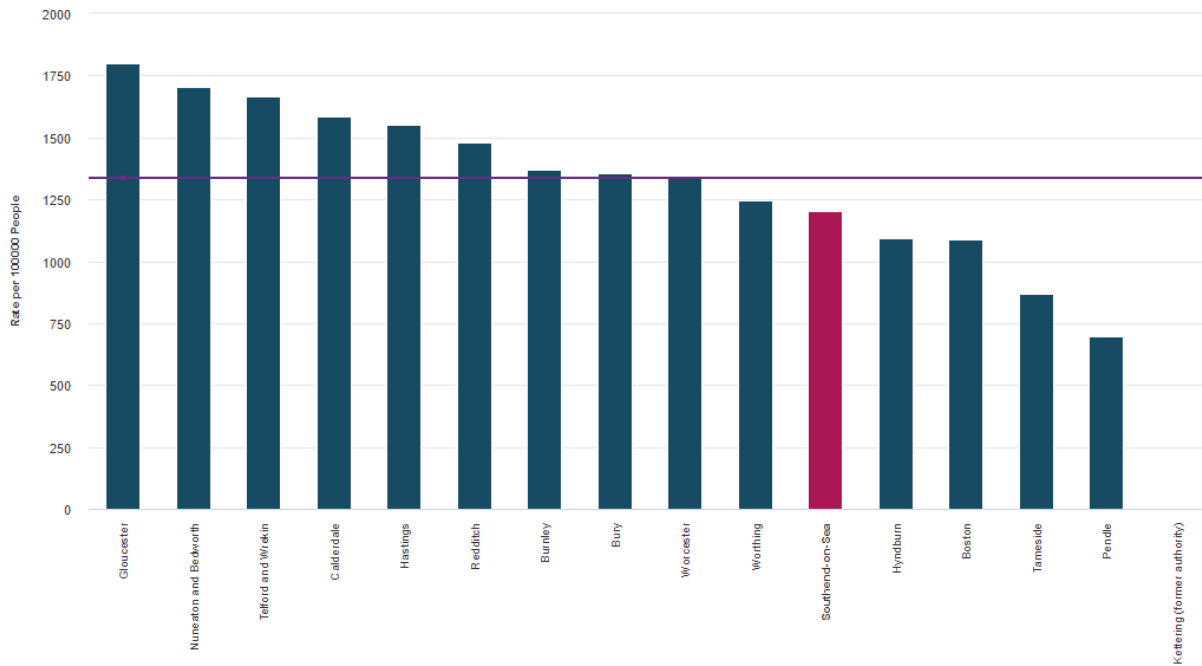
Total recorded offences (excluding fraud) (offences per 1,000 population) (2021 Q3 (12 months ending)) for Urban Living (2011 OAC subgroup)



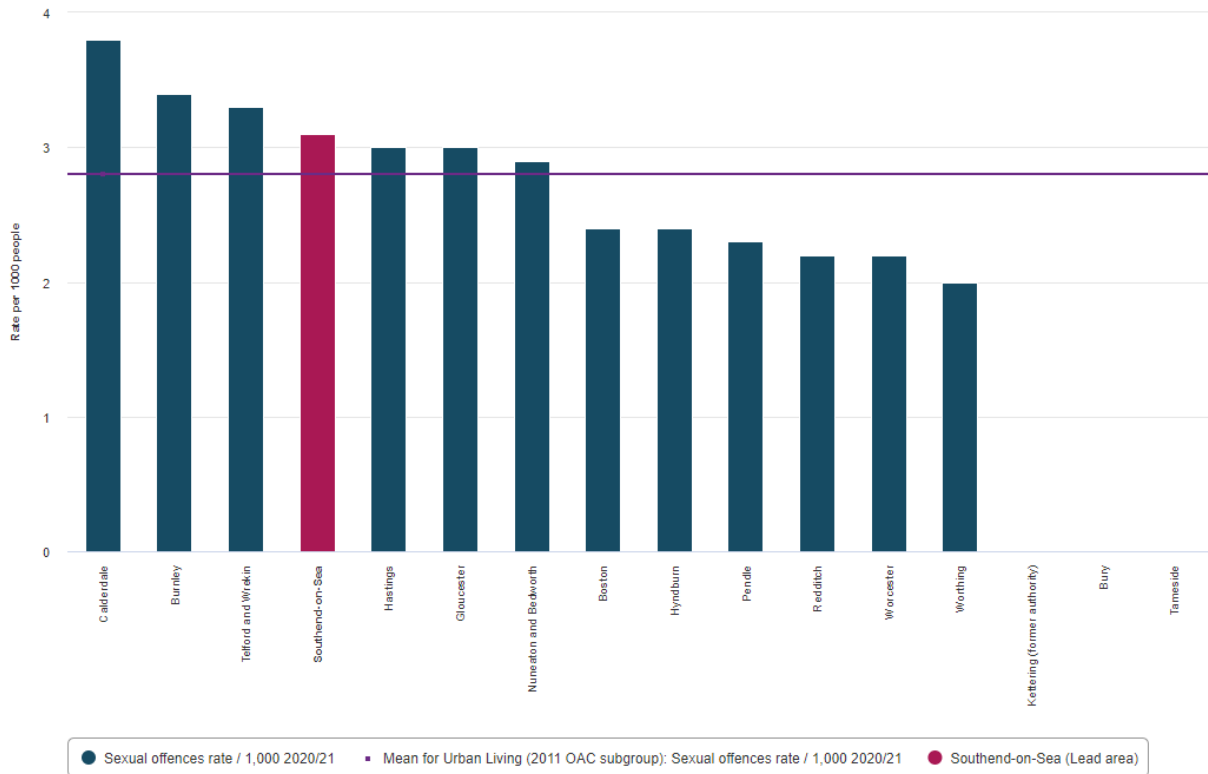
Percentage of pupils reaching the expected standard at the end of key stage 2 in reading, writing and mathematics (2018/19 (academic)) for Urban Living (2011 OAC subgroup)



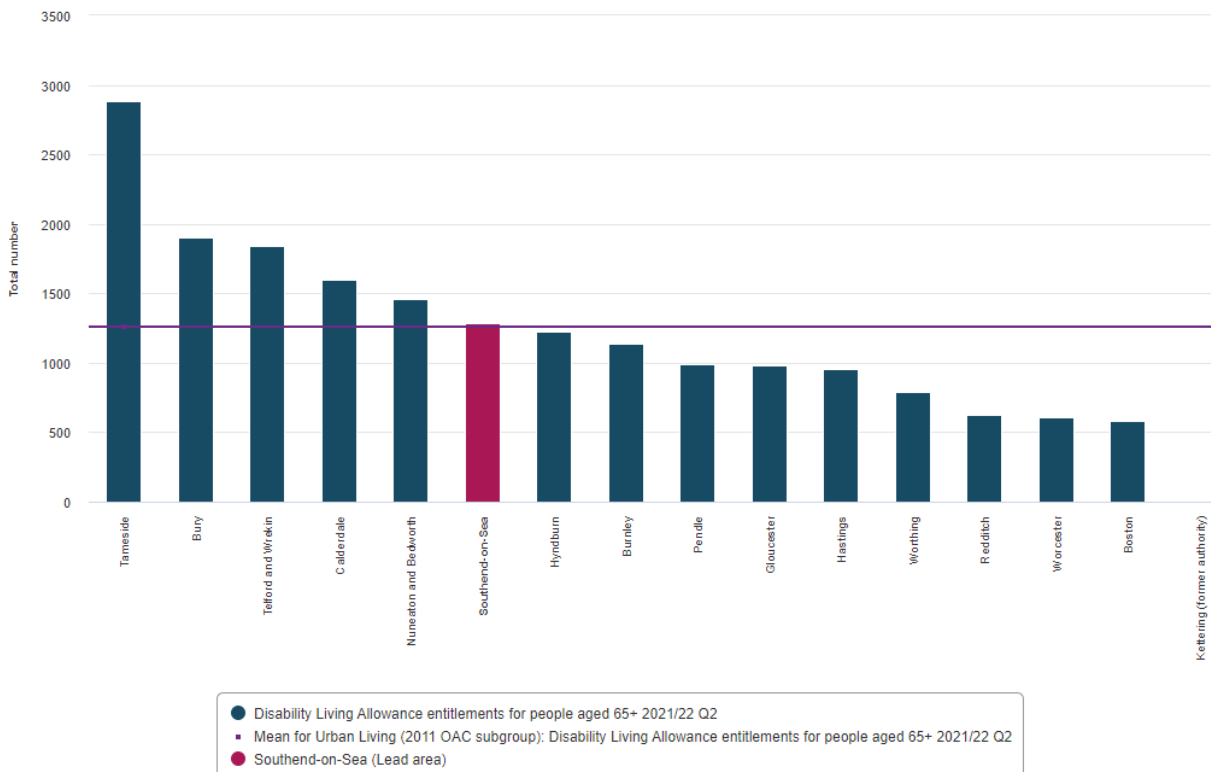
Chlamydia detection rate ages 15 to 24 per 100,000 population (2020) for Urban Living (2011 OAC subgroup)



Violent crime - sexual offences per 1,000 population (2020/21) for Urban Living (2011 OAC subgroup)



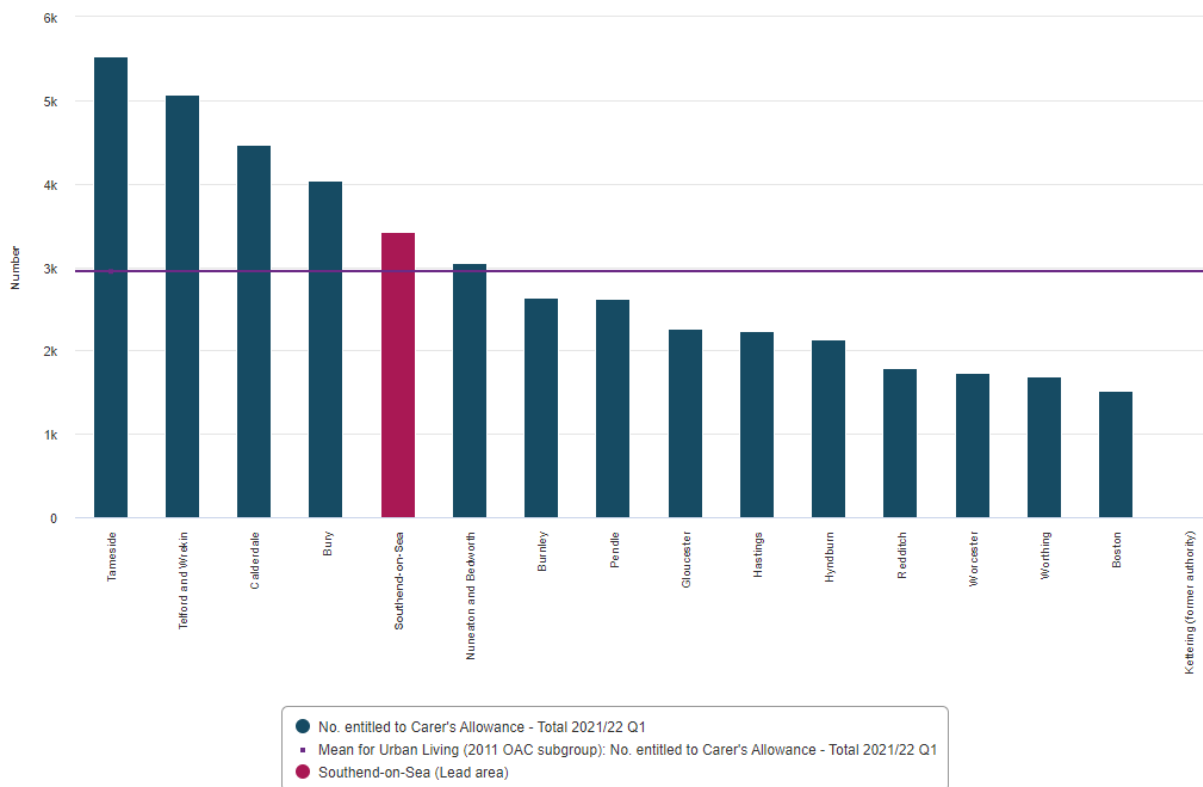
Total number of Disability Living Allowance entitlements for people aged 65+ (2021/22 Q2) for Urban Living (2011 OAC subgroup)

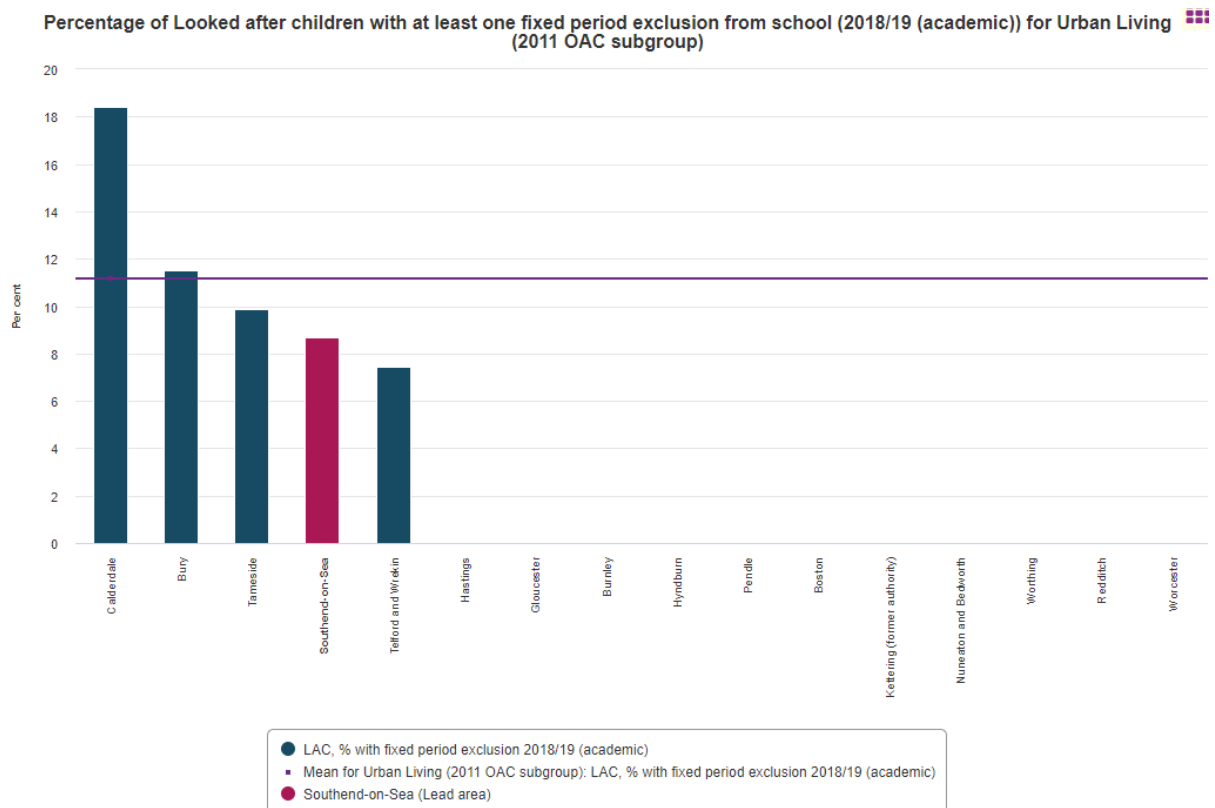
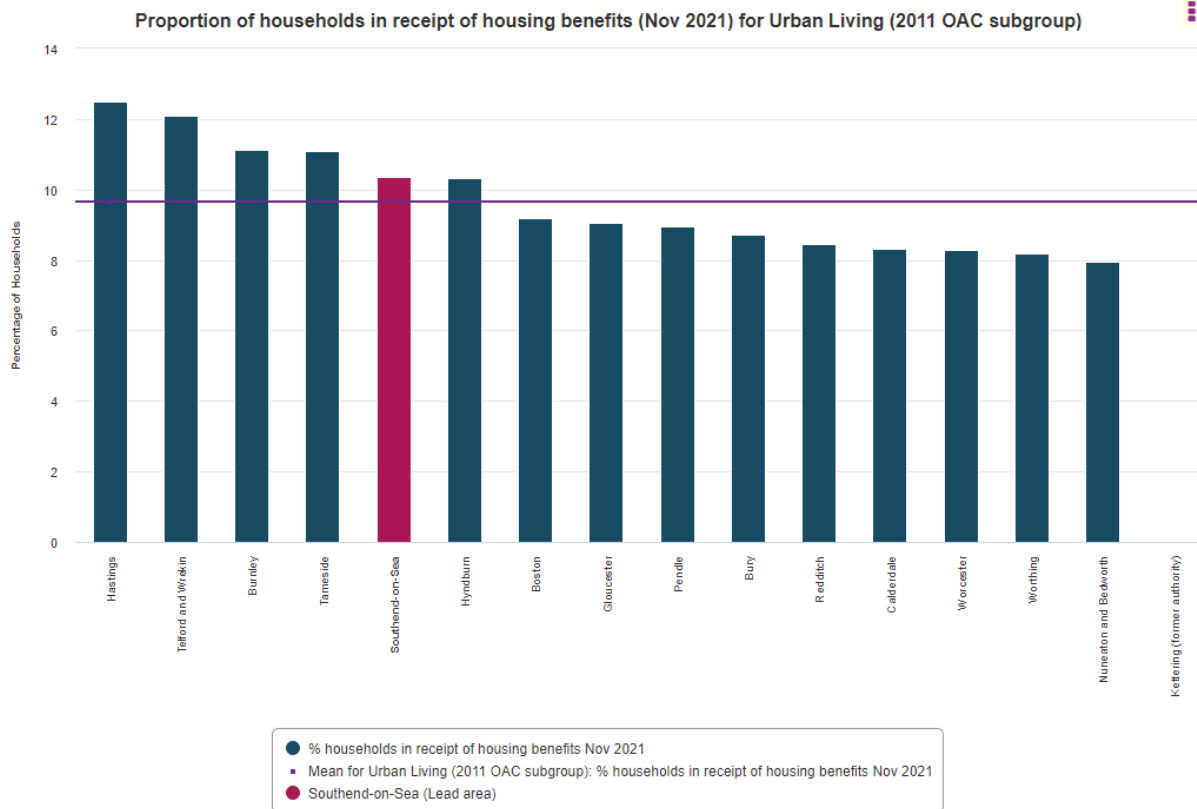


Suicide rate per 100,000 population aged 10 and over (2018-20) for Urban Living (2011 OAC subgroup)

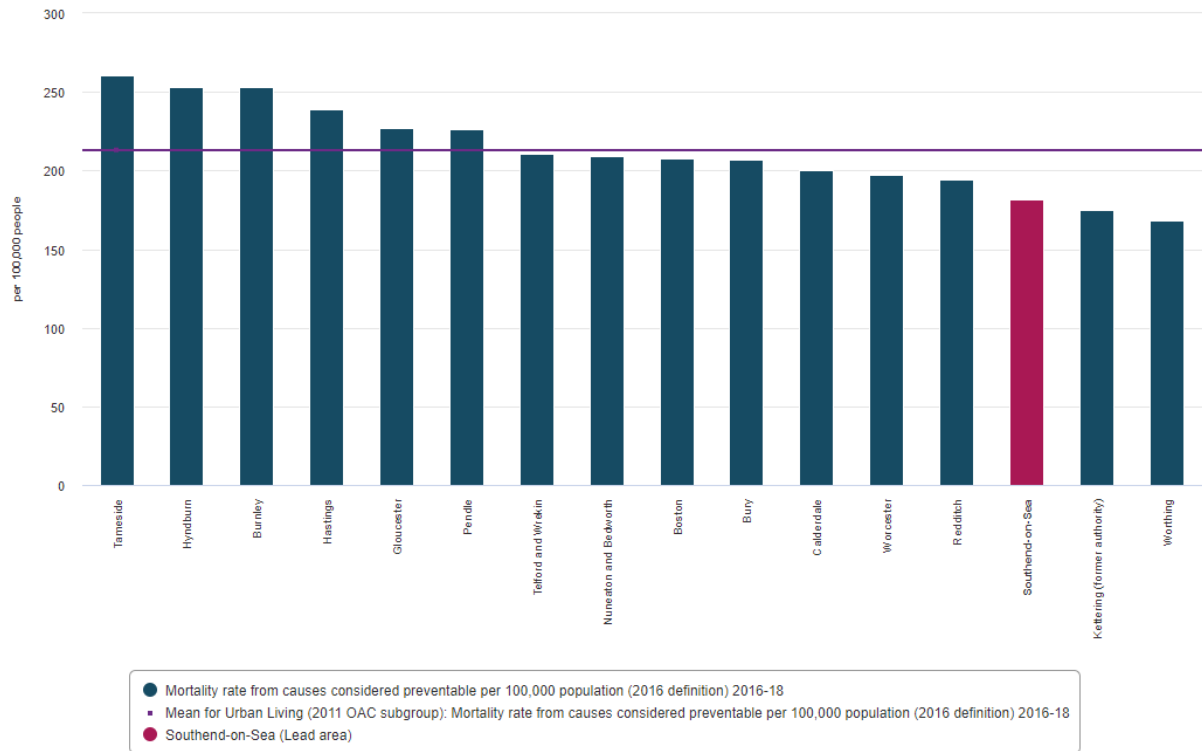


Number entitled to Carer's Allowance - Total (2021/22 Q1) for Urban Living (2011 OAC subgroup)

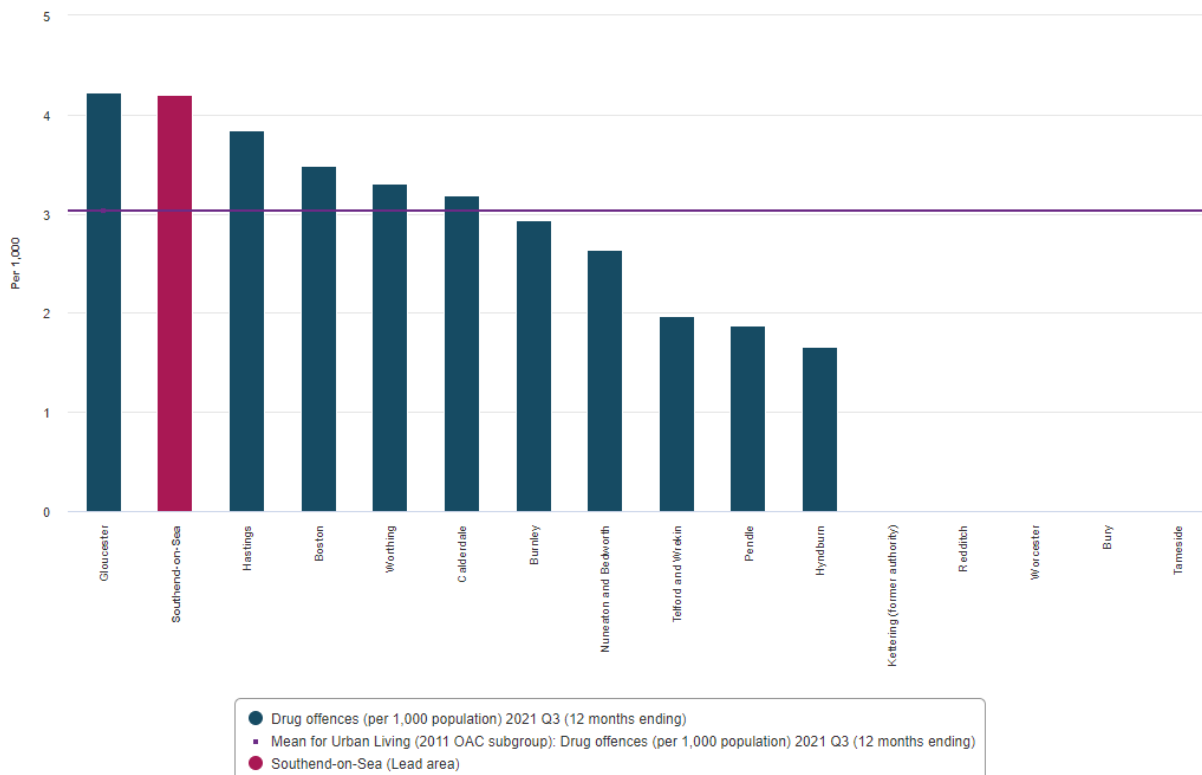




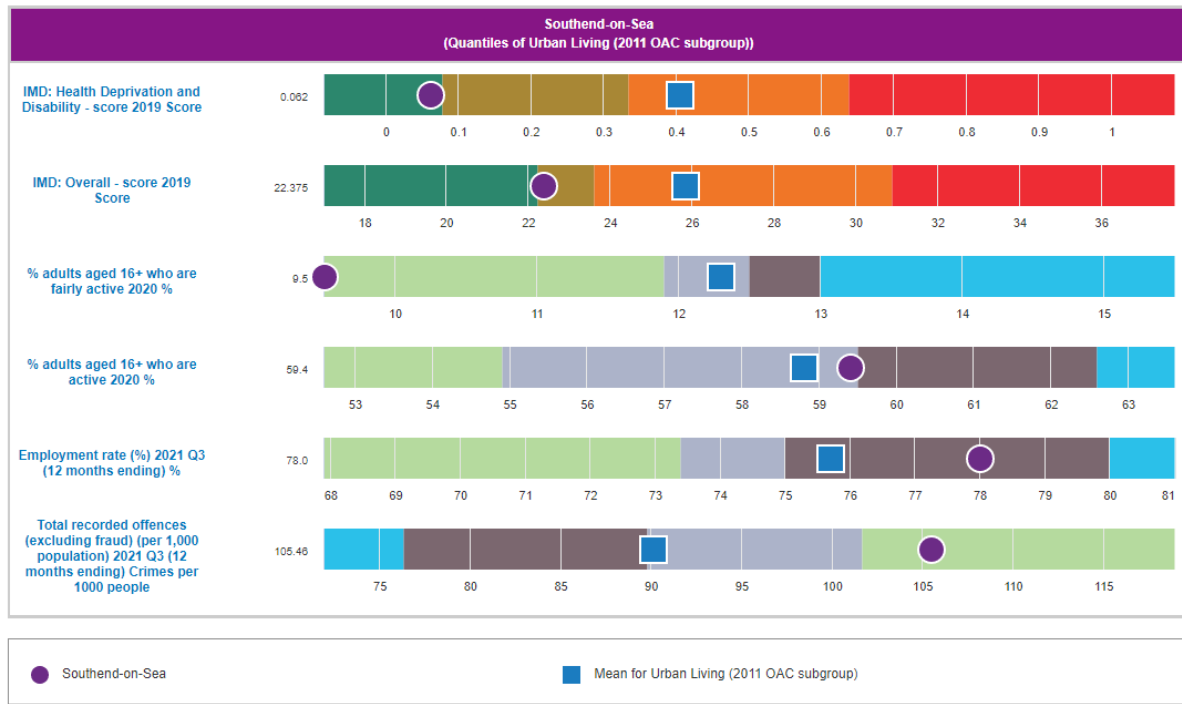
Mortality rate from causes considered preventable per 100,000 population (2016 definition) (2016-18) for Urban Living (2011 OAC subgroup)



Drug offences (offences per 1,000 population) (2021 Q3 (12 months ending)) for Urban Living (2011 OAC subgroup)



Southend-on-Sea (Quantiles of Urban Living (2011 OAC subgroup))



17.10. Public Health England – Local Authority Profile 2019

Key

Significance compared to goal / England average:

- Significantly worse Significantly lower Increasing / Getting worse Increasing / Getting better
- Not significantly different Significantly higher Decreasing / Getting worse Decreasing / Getting better
- Significantly better Significance not tested Increasing Decreasing
- + Increasing (not significant) - Decreasing (not significant)
- Could not be calculated □ No significant change

Life expectancy and causes of death

Indicator	Age	Period	Count	Value (Local)	Value (Region)	Value (England)	Change from previous
1 Life expectancy at birth (male)	All ages	2016 - 18	n/a	79.1	80.3	79.6	↓
2 Life expectancy at birth (female)	All ages	2016 - 18	n/a	82.1	83.7	83.2	↓
3 Under 75 mortality rate from all causes	<75 yrs	2016 - 18	1722	359.2	302.1	330.5	↓
4 Mortality rate from all cardiovascular diseases	<75 yrs	2016 - 18	353	74.0	63.4	71.7	↓
5 Mortality rate from cancer	<75 yrs	2016 - 18	700	146.5	126.0	132.3	↓
6 Suicide rate	10+ yrs	2016 - 18	47	9.78	9.96	9.64	□
7 Killed and seriously injured (KSI) rate on England's roads	All ages	2016 - 18	237	43.5	46.7	42.6	↓
8 Emergency hospital admission rate for intentional self-harm	All ages	2018/19	290	165.8	173.1	193.4	↓
9 Emergency hospital admission rate for hip fractures	65+ yrs	2018/19	225	599.2	563.5	558.4	↓
10 Percentage of cancer diagnosed at early stage	All ages	2017	385	55.0	54.7	52.2	↓
11 Estimated diabetes diagnosis rate	17+ yrs	2018	n/a	75.3	76.7	78.0	↓
12 Estimated dementia diagnosis rate	65+ yrs	2019	1891	78.6 *	65.7 *	68.7 *	□
13 Hospital admission rate for alcohol-specific conditions	<18 yrs	2016/17 - 18/19	20	17.0	23.4	31.6	↓
14 Hospital admission rate for alcohol-related conditions	All ages	2018/19	1137	636.3	633.6	663.7	↓
15 Smoking prevalence in adults	18+ yrs	2018	22781	15.9	14.0	14.4	↓
16 Percentage of physically active adults	19+ yrs	2017/18	n/a	63.0	65.4	66.3	↓
17 Percentage of adults classified as overweight or obese	18+ yrs	2017/18	n/a	68.0	62.1	62.0	□

Child health

Indicator	Age	Period	Count	Value [±] (Local)	Value [±] (Region)	Value [±] (England)	Change [±] from [±] previous
18 Teenage conception rate	<18 yrs	2017	70	24.3	16.0	17.8 [±]	□ [±]
19 Percentage of smoking during pregnancy	All ages	2018/19	173	9.33	9.68	10.6 [±]	□ [±]
20 Percentage of breastfeeding initiation	All ages	2016/17	1713	83.1	76.1	74.5 [±]	□ [±]
21 Infant mortality rate	<1 yr	2016 - 18	19	2.91	3.36	3.93 [±]	□ [±]
22 Year 6: Prevalence of obesity (including severe obesity)	10-11 yrs	2018/19	387	19.5	18.0	20.2	□

Indicator	Age	Period	Count	Value [±] (Local)	Value [±] (Region)	Value [±] (England)	Change [±] from [±] previous
23 Deprivation score (IMD 2015)	All ages	2015	n/a	24.5	-	21.8 [±]	- [±]
24 Smoking prevalence in adults in routine and manual occupations	18-64 yrs	2018	n/a	26.8	25.7	25.4	□

Wider determinants of health

Indicator	Age	Period	Count	Value [±] (Local)	Value [±] (Region)	Value [±] (England)	Change [±] from [±] previous
25 Percentage of children in low income families	<16 yrs	2016	6365	19.1	14.1	17.0 [±]	□ [±]
26 Average GCSE attainment (average attainment 8 score)	15-16 yrs	2018/19	83477	47.2	47.0	46.9 [±]	□ [±]
27 Percentage of people in employment	16-64 yrs	2018/19	88700	79.9	78.4	75.6	□ [±]
28 Statutory homelessness rate - eligible homeless people not in [±] priority need [±]	Not [±] applicable [±]	2017/18	19	0.24	0.65	0.79 [±]	□ [±]
29 Violent crime - hospital admission rate for violence (including [±] sexual violence) [±]	All ages [±]	2016/17 [±] - 18/19 [±]	210	39.4	33.6	44.9 [±]	□

Indicator	Age	Period	Count	Value [±] (Local)	Value [±] (Region)	Value [±] (England)	Change [±] from [±] previous
30 Excess winter deaths index	All ages [±]	Aug 2017 [±] - Jul 2018 [±]	254	41.0	30.9	30.1 [±]	□ [±]
31 New STI diagnoses rate (exc chlamydia aged <25)	15-64 yrs	2018	776	681.8	614.9	850.6 [±]	□ [±]
32 TB incidence rate	All ages	2016 - 18	31	5.69	5.65	9.19	□

end



SOUTHEND Safeguarding Partnership

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Southend-on-Sea City Council

Report of Mid and South Essex Integrated Care System
To
People Scrutiny Committee
On
29 November 2022

Report prepared by: Claire Hankey, Director of
Communications and Engagement, Mid and South Essex ICB

Agenda
Item No.

7

Service Harmonisation

Relevant Scrutiny Committee(s) – People Scrutiny Committee
Cabinet Member: Councillor Burton
Part 1 (Public Agenda Item)

1. Purpose of Report

The purpose of this report is to update the Committee on the Service Harmonisation Consultation for Mid and South Essex (MSE) Integrated Care Board (ICB). It sets out our ambition to harmonise the provision of six service areas due to differing historic commissioning policies within the five clinical commissioning groups.

The six service areas are:

- Bariatric Surgery (weight loss surgery)
- Breast asymmetry (surgery for uneven breasts)
- Breast reduction (making breasts smaller)
- Female Sterilisation
- Vasectomy (male sterilisation)
- Tertiary Fertility Services including:
 - Intra-uterine insemination (IUI)
 - In vitro fertilisation (IVF), with or without intra-cytoplasmic sperm injection (ICSI)
 - Sperm and oocyte donation.

2. Recommendations

The committee is asked to:

- Note this update
- Support the promotion of the consultation
- Agree to receive the analysis of public consultation at a future meeting

3. Background

We want to change the policies for six clinical services that are only funded by the NHS in our area under certain circumstances.

At the moment the policies for these six services differ depending on where you live in our area. For example, people living in the commissioning areas of Basildon, Brentwood and Mid Essex can't access IVF services on the NHS, when people living in other areas of mid and south Essex can.

We want to change these policies, so everyone living in mid and south Essex has the same opportunities.

We have looked at the latest clinical evidence and practice for all six services nationally and locally. We have taken advice from a range of doctors, nurses, and other health and care professionals.

We have spoken to patients, the public and other key stakeholders across mid and south Essex to understand what is important for people when we make these decisions.

The cost of providing these services and the potential consequences of a decision to be made in the future has also been reviewed.

This is because we will need to balance the cost of providing these services with the cost of all the other care provided by the NHS in our area.

4. Process so far

4.1 Clinical Review Process

The Clinical and Multi-Professional Congress (hereafter referred to as Congress) is a group of experienced clinical and multi-professional staff, drawing together expertise from across our health and care system. The Congress was asked to review the six service areas (listed above) where service provision policies differed across the five CCGs. A panel of expert clinicians from across mid and south Essex was also convened where Congress recommended the use of criteria to define the population for which care should be funded e.g. Group Prior Approval or Individual Prior Approval.

4.2 Equality and Health Inequality Impact Assessments

Draft Equality and Health Inequality Impact Assessments (EHIIA) were completed for all six areas by a panel with expertise in inequalities, public health, Place (Alliance), primary care, clinical and procurement.

4.3 Pre-consultation engagement

Pre-consultation engagement took place during August 2022. This was conducted via an online survey and targeted focus groups with those most likely to be impacted by the policies.

A desk-top review of all previous reports, consultations and engagement covering these areas was undertaken.

This also covered a review of the policies for neighbouring ICS's.

The following points appeared across all six treatment areas for the committee to note:

- The importance of fairness and equity.
- Affordability (particularly about fertility services).
- Impact on mental health for individuals.

Two clear and consistent themes were fairness and equity, ensuring that anyone in mid and south Essex should be able to access services in the same way regardless of where they live.

Affordability, keeping a service free, was also essential to provide those on lower income or those with an inability to pay access to services.

When it comes to making decisions about access to services, people wanted there to be greater consideration of the emotional impact of infertility, dealing with larger and/or uneven breasts and obesity.

4.5 Review of Finance

Looking at our finances, we have found:

- The current cost of the existing provision of these services is around £1 million
- We estimate adopting the policies across mid and south Essex will result in an additional annual cost of around £1 - 1.1 million
- The largest increase in demand would relate to fertility services because of extending their availability in areas where previously there was less availability

The proposals we have set out are therefore likely to mean a greater cost to the NHS as more people will be able to access them than are currently entitled to under the existing policies.

4.5 Consulting on Proposals

The proposals for the consultation and the survey can be found in appendix 1 and the consultation period will run from 31st October to 19th December 2022. An Easy Read version of the consultation document has also been created and can be found in appendix 2.

The consultation process will be promoted as a programme of activities with an emphasis on seeking participation from those groups most likely to be impacted by any change.

People will be encouraged to use an online feedback questionnaire to submit their views, but we will also invite feedback in any of the following ways:

- By letter or email to the ICB central get involved email
- By attending a meeting or workshop, where there will be structured notes taking and minutes
- Focus group/conversations with a range of targeted groups including, LGBTQ+, learning disabilities groups, faith groups, fertility groups, men's groups

The consultation plan, documents and questionnaire will be sent out to all Committee members before the committee meeting.

For the intervening period between now and decision-making, residents will continue to be subject to the policy according to the location of their registered GP (e.g., if registered to a practice in Basildon and Brentwood, the service offered for the registered population by the predecessor CCG would be observed).

5. Reasons for Recommendations

The committee is asked to note and support the service harmonisation consultation process with the mid and south Essex residents on the proposed harmonisation of the ICB's commissioning policy.

6. Next Steps

The consultation will commence 31st October 2022 and run through until 19th December 2022.

The MSE ICB Board will be presented with a decision-making business case in February 2023 including the analysis of the public consultation

7. Appendices to the Report

Appendix 1.



FINAL - Service
Harmonisation ConsDOC - Service Harmc



FINAL - SURVEY

Appendix 2.



Making services
more equal for peop



Mid and South Essex
Integrated Care
System



Mid and South Essex

Service Harmonisation

Bringing equity to services
across mid and south Essex

Consultation document
31st October to 19th December 2022

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Who are we?

Mid and South Essex Integrated Care Board (ICB) was formed on 1st July 2022.

We are responsible for commissioning services which is the planning, organising, and buying NHS-funded healthcare for the 1.2 million people living across mid and south Essex.

We are committed to delivering local, high quality healthcare services while making sure we achieve the best value for money and equity of access for our growing population.

This includes hospital services, community health services, community pharmacies, mental health services and 149 general practices.

The four key purposes of integrated care boards as set out by NHS England are:

- 01** Improve outcomes in population health and healthcare
- 02** Tackle inequalities in outcomes, experience, and access
- 03** Enhance productivity and value for money
- 04** Help the NHS support broader social and economic development.

This publication is available in alternative formats; including Easy Read and large print options. It will also be available at your local library.



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purposes

What is this document about?

We want to harmonise policies for six clinical services that are only funded by the NHS in our area under certain circumstances.

At the moment, the policies for these six services differ depending on where you live in our area. For example, people living in the commissioning areas of Basildon, Brentwood and

Mid Essex (Maldon, Chelmsford and Braintree council areas) can't access IVF services on the NHS, but people living in other areas of mid and south Essex can. We want to update these policies, so everyone living in mid and south Essex has the same access.

The policies we want to update cover:

<p>Weight loss surgery (bariatric surgery)</p>	<p>Correction for uneven breasts (breast asymmetry)</p>	<p>Breast reduction</p>
<p>Female Sterilisation</p>	<p>Vasectomy (male sterilisation)</p>	<p>Special Fertility Services including:</p> <ul style="list-style-type: none"> - Intra-uterine insemination (IUI) - In vitro fertilisation (IVF), with or without intra-cytoplasmic sperm injection (ICSI) - Sperm and egg donation (sperm and oocyte donation)

policies

This document describes our proposals for updating the policies, to help bring them into a new single policy for each of the six service areas, and gives you the opportunity to tell us what you think about them.

The current policies covering these areas can be found www.midandsouthessex.ics.nhs.uk/publications/srp

If you need printed copies of any of the current policies, please contact us. Our details can be found at the end of this document.

We believe this will support our ambition to end the variation that has existed up until now in accessing these services.

We want your feedback to help us make these important decisions that will affect how people gain access to these services in mid and south Essex in the future.

Who can receive these services?

All six of the service areas identified in our review are only funded by the NHS under certain circumstances, which can vary according to where you live.

Doctors will use the criteria in the policies to help decide if a patient would benefit from the procedure and is suitable to undergo the type of care needed.

Sometimes this criteria is based on a group of patients. This is known as **Group Prior Approval** (previously known as threshold approval). Procedures with group prior approval are provided for a specific group of people only, defined through a set of threshold criteria within the commissioning policy, which can be applied at the point of referral, for example, by a GP.

At other times these criteria are applied to an individual. This is known as **Individual Prior Approval**. Procedures are provided for a specific group of people only defined through a set of threshold criteria within the commissioning policy and which requires funding approval on

a patient-by-patient and, in some circumstances, on a treatment-by-treatment basis, before the treatment can be provided.

When procedures are **Not Funded** they have been assessed as Procedures of Limited Clinical Value in line with national guidance. These procedures will not be funded unless there are exceptional clinical circumstances. If someone wishes to have one of these procedures, this requires an application to be made using the **Individual Funding Request (IFR)** process, but funding will only be considered where the patient demonstrates clinical exceptionality. Requests may include patients with conditions for which there is no commissioning policy, including patients with rare conditions, and patients whose proposed treatment is outside agreed commissioning policies (exceptional clinical circumstances) or service agreements. Individual Funding Requests are considered by a panel.

In this document, we have set out the criteria we are proposing for each of the six service areas.

How have we developed the proposals?

We looked at the latest clinical evidence and practice for all six service areas nationally and locally, and taken advice from doctors, nurses, and other professionals.

We have engaged with residents and stakeholders to understand what is important for people when we make these decisions. We reviewed the cost of providing these services and the potential consequences of harmonising, because we need to balance the cost of providing these services with the cost of all the other care provided by the NHS in our area.

Looking at our finances, we found:

- The current cost of providing these services is around £1 million.
- We estimate adopting the policies across mid and south Essex will result in an additional annual cost of around £1 - 1.1 million.
- The largest increase in demand would relate to fertility services.

The proposals we have set out mean a greater cost to the NHS as more people would have access to the services than under the current policies.

A key purpose of the ICB is to 'tackle inequalities in outcomes, experience and access'. The updates we are proposing would correct these inequalities, for example, IVF would now be available to eligible individuals across mid and south Essex.

We have assessed potential health inequalities for different groups within society and have surveyed those likely to be impacted including the LGBTQ+ community, working age residents as well as our own staff. In the draft Equality and Health Inequality Impact Assessments (EHIA) impact on groups of people will guide our engagement and discussions. For example, we will specifically target our engagement resources towards those with a mental health condition or a learning disability, the traveller community, (including Gypsies and Roma) and those from a deprived communities.

What have we already heard?

To help understand people's views on the policies, we conducted an online survey of a representative sample of mid and south Essex residents for 21 days in August 2022. The results were independently analysed.

Two clear and consistent themes from residents were fairness and equity, ensuring that anyone in mid and south Essex should be able to access services.

Affordability for the NHS was also highlighted, as was the need to balance providing services to those on lower income or those with an inability to pay for access to these services.

When it comes to making decisions about access to services, people want there to be greater consideration of the emotional impact of these types of conditions. This was particularly the case for: infertility, dealing with larger and/or uneven breasts, and obesity.

What are the proposals?

The National Institute for Health and Care Excellence (NICE) develops guidelines for health and care services in England. The guidelines are recommendations only and need to be considered within a local context when commissioning services.

In this section, we have set out our preferred options for each of the six service areas in mid and south Essex.

These proposals have taken into account the input of clinicians, and the views of local people, whilst ensuring equity and the affordability of the local NHS.

We did not propose keeping the current policies in place an option as they do not provide fair and equal access for all residents in mid and south Essex.

We have grouped the information according to policy. For each service, we show the proposed policy, key points from the current policy, and the impact of the proposed policy.

The term 'threshold criteria' means what must be in place for patients to qualify for treatment.

proposals



Weight loss surgery (bariatric surgery)

New policy Group Prior Approval

Recommended threshold criteria:

- ✓ The person has a body mass index (BMI) of 40 kg/m² or more, or between 35 kg/m² and 40 kg/m² and other significant diseases (e.g. type 2 diabetes or high blood pressure) that could be improved if they lost weight.
- ✓ All appropriate non-surgical measures have been tried but the person has not achieved or maintained adequate, clinically beneficial weight loss.
- ✓ The person has been receiving or will receive intensive management in a tier three service. (A tier three service is a weight management programme that supports adults with severe and complex obesity to lose weight through a range of interventions including psychological approaches and dietary changes).
- ✓ The person is generally fit for anaesthesia and surgery.
- ✓ The person commits to the need for long-term follow-up.

Mid Essex

Key points of the current policy:

- ✓ Individual prior approval.
- ✓ Patient has BMI is greater than 35 for at least 5 years with significant co-morbidities (for example type 2 diabetes, hypertension, cardiovascular disease, osteoarthritis, dyslipidaemia and sleep apnoea), OR Patients with BMI ≥ 40 for at least 5 years without co-morbidities.
- ✓ Patient has completed a Tier 3 weight management programme or has kept a 12 month (minimum) diary recording physical exercise undertaken, diet consumed and weight progress which has been reviewed and signed by a registered healthcare professional at least once every 3 months.
- ✓ Cases for surgery to meet Complex and Surgery Obesity Surgery policy.
- ✓ Patients not meeting the above criteria will not be funded unless there are clinically exceptional circumstances.

Impact of proposed update:

- ✓ The weight threshold increase could mean that less people in Mid Essex have access to surgery however;
- ✓ The removal of the five-year time requirement may result in more people having access overall.

- ✓ Patients in all areas could have the same BMI threshold - 40 kg/m² or more, or between 35 kg/m² and 40 kg/m² and other significant diseases (e.g. type 2 diabetes or high blood pressure) that could be improved if they lost weight.

- ✓ Patients must meet criteria. Those not meeting criteria will only be funded in clinically exceptional circumstances.

Impact of proposed update:

- ✓ No change – patients from other parts of mid and south Essex will now be able to access the surgery at the BMI threshold for already set for Thurrock residents – 40 kg/m² or more, or between 35 kg/m² and 40 kg/m² with other significant diseases (e.g. type 2 diabetes or high blood pressure) that could be improved by weight loss.

Basildon and Brentwood

Key points of the current policy:

- ✓ Individual prior approval.
- ✓ Surgery offered to adults with BMI of 40k/m² or more.
- ✓ Surgery only considered for people with morbid obesity who also meet specific criteria.

Impact of proposed update:

- ✓ The change to group approval could mean patients in Basildon and Brentwood no longer need individual prior approval. This may mean that more people have access to the service.
- ✓ Patients in all areas could have the same BMI threshold - 40 kg/m² or more, or between 35 kg/m² and 40 kg/m² and other significant diseases (e.g. type 2 diabetes or high blood pressure that could be improved if they lost weight).

Castle Point and Rochford and Southend

Key points from the current policy:

- ✓ Group prior approval.
- ✓ Patients only considered if they meet NHS Complex and Specialised Obesity Surgery.
- ✓ If criteria are not met, surgery is only carried out in clinically exceptional circumstances.

Impact of proposed update:

- ✓ Patients in all areas could have the same BMI threshold - 40 kg/m² or more, or between 35 kg/m² and 40 kg/m² and other significant diseases (e.g. type 2 diabetes or high blood pressure) that could be improved if they lost weight.

Thurrock

Key points of the current policy:

- ✓ Group prior approval.
- ✓ Patients only considered if they meet NHS Complex and Specialised Obesity Surgery.



Correction for uneven breasts (breast asymmetry)

New policy Service provision via Individual Prior Approval

Recommended threshold criteria:

The goal of surgery is to correct a significant deformity that is causing an impact on health. Patients will be eligible if all the following are confirmed:

- ✓ Clinical evidence rules out any other medical/physical problems to cause these symptoms; and the wearing of a professionally fitted bra has not relieved the symptoms, and
- ✓ There is a difference of at least two cup sizes (e.g. C and DD cup size differential) OR evidence of another serious functional impairment for at least one year, and
- ✓ Full evidence is provided of all conservative management options that have been attempted, and
- ✓ The patient is a non-smoker and
- ✓ Patient has had no change in cup size for one year and has reached the end of puberty (referral should be delayed if the end of puberty has not been reached), and
- ✓ Only unilateral breast reduction (not unilateral breast augmentation) will be funded, and
- ✓ This policy does not cover gynecomastia (when boys' and men's breasts swell and become larger than normal).

Mid Essex

Key points of the current policy:

- ✓ This is currently not funded in Mid Essex.

Impact of proposed update:

- ✓ Patients in Mid Essex would be able to access this service if they meet the threshold criteria.

Basildon and Brentwood

Key points of the current policy:

- ✓ This is not currently funded in Basildon and Brentwood.

Impact of proposed update:

- ✓ Patients in Basildon and Brentwood would be able access this service if they meet the threshold criteria.

Thurrock

Key points of the current policy:

- ✓ Individual prior approval.
- ✓ Funding will only be considered if there is gross disparity of breast cup sizes on initial consultation with the patient's GP.
- ✓ Patients eligible for surgery if they meet all criteria and confirmed by a consultant plastic surgeon.
- ✓ Procedures for cosmetic purposes only will not be funded.
- ✓ Any post-surgical cosmetic irregularities will not be funded.
- ✓ Only unilateral breast reduction will be funded.
- ✓ Patients not meeting the above criteria will not be funded unless there are clinically exceptional circumstances.

Impact of proposed update:

- ✓ Patients would have to be non-smokers to be eligible under the new policy.

Castle Point and Rochford and Southend

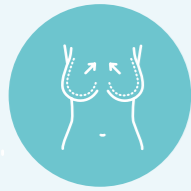
Key points from the current policy:

- ✓ Individual prior approval.
- ✓ Funding will only be considered if there is gross disparity of breast cup sizes (two sizes) on initial consultation with the patient's GP.
- ✓ Funding will only be considered if patients meet all criteria and are confirmed by a plastic surgeon. Patients must meet all criteria which also includes a BMI of less than 25kg/m² and evidence that the weight has been stable for two years.
- ✓ Only unilateral breast reduction will be funded.
- ✓ Procedures for cosmetic purposes only will not be funded.
- ✓ Any post-surgical cosmetic irregularities will not be funded.

Those not meeting the above criteria will not be funded unless there are clinically exceptional circumstances.

Impact of proposed update:

- ✓ The BMI criteria would be removed, meaning that more people could access services.



Breast Reduction (making breasts smaller)

New policy Service provision via Individual Prior Approval

Recommended threshold criteria:

- ✓ The patient is suffering from neck ache and/or backache. Clinical evidence will need to be produced to rule out any other medical/physical problems to cause these symptoms, and the wearing of a professionally fitted bra has not relieved the symptoms, and
- ✓ The patient has had persistent intertrigo (inflamed skin caused by friction/rubbing) for at least one year and confirmed by GP OR another serious functional impairment for at least one year, and
- ✓ Full evidence is provided of all conservative management options that have been attempted, including weight management services where appropriate, and
- ✓ The patient has a BMI less than 27 and evidence that the weight has been stable for 12 months, and
- ✓ The patient is a non-smoker, and
- ✓ At least 1kg is planned to be removed from each breast.

Patients who have predictable breast changes due to pregnancy are excluded.

Mid Essex

Key points of the current policy:

- ✓ This is currently not funded in Mid Essex.

Impact of proposed update:

- ✓ Patients in Mid Essex would in future be able to access this service if they met the threshold criteria.

Basildon and Brentwood

Key points of the current policy:

- ✓ Individual prior approval.
- ✓ Surgery is only considered if the patient meets one specific criteria set or there are clinically exceptional circumstances.
- ✓ Patients who have predictable breast changes due to pregnancy are excluded.

Impact of proposed update:

- ✓ The proposal would mean the minimum amount of tissue removal would rise from 500g to at least 1kg. This could mean fewer patients would qualify for the service.

Thurrock

Key points of the current policy:

- ✓ Individual prior approval.
- ✓ Patient to meet criteria.
- ✓ Patients who have predictable breast changes due to pregnancy are excluded.

Impact of proposed update:

- ✓ The proposal would mean the minimum amount of tissue removal would rise from 500g to at least 1kg, while anyone with a BMI of less than 27 kg/m² (rather than the current 25) would be eligible.

Castle Point and Rochford and Southend

Key points from the current policy:

- ✓ Individual prior approval.
- ✓ Patient to meet criteria.
- ✓ Funding will only be considered if patients meet all criteria and are confirmed by a plastic surgeon.
- ✓ Patients must meet all criteria which also includes a BMI of less than 25kg/m² and evidence that the weight has been stable for 2 years.
- ✓ Patients not meeting criteria not funded unless there are clinically exceptional circumstances.

Impact of proposed update:

- ✓ The proposal would mean the minimum amount of tissue removal would rise from 500g to at least 1kg, while anyone with a BMI of less than 27 kg/m² (rather than the current 25) with weight stable for only one year (rather than the current two) would be eligible.



Female Sterilisation

New policy Service provision via Group Prior Approval

Recommended threshold criteria:

- ✓ Family complete: The woman is certain that her family is complete or that she never wants children in the future.
- ✓ Contraception: there is an absolute clinical contraindication to Long Acting Reversible Contraception (LARC) or has severe side effects to the use of LARC or declines a trial of LARC after counselling from a healthcare professional experienced in fitting these devices.
- ✓ Capacity: the woman has mental capacity OR all necessary arrangements have been completed to either support her to a position of having capacity or where appropriate advocacy arrangements are in place, in compliance with the latest capacity guidance.
- ✓ Counselling: she is aware that the procedure is permanent but has a failure rate, that reversal is not funded on the NHS (except via Individual Funding Requests), and that other forms of LARC have a similar success rate, with a lower risk profile. Counselling must also include consideration of vasectomy for her partner where appropriate.
- ✓ BMI: she must have a BMI less than 35, due to increased clinical risk associated with a BMI of 35 and above.
- ✓ Exemptions: women who have a medical condition making pregnancy dangerous or where LARC is contra-indicated or inappropriate will be exempt from these criteria and female sterilisation will be routinely funded.

Mid Essex

Key points of the current policy:

- ✓ This is not routinely funded in Mid Essex. Patients are only funded in clinically exceptional circumstances.

Impact of proposed update:

- ✓ Patients would be able to access services if they met the criteria.
- ✓ Mental Health/ Learning disability: criteria clarified around mental capacity, to ensure equality of access for those with impaired capacity.

Basildon and Brentwood

Key points of the current policy:

- ✓ Group prior approval.
- ✓ Patients must meet threshold criteria.
- ✓ Patients not meeting the criteria will not be funded unless there are clinically exceptional circumstances.

Impact of proposed update:

- ✓ Patients would have to have a BMI of less than 35kg/m2. This could exclude some patients.
- ✓ Mental Health/ Learning disability: criteria clarified around mental capacity, to ensure equality of access for those with impaired.

Thurrock

Key points of the current policy:

- ✓ Currently there is no service restriction - the service is commissioned.

Impact of proposed update:

- ✓ The patient must have a BMI less than 35kg/m2 and consider during counselling the possibility of vasectomy for their partner.
- ✓ Mental Health/ Learning disability: criteria clarified around mental capacity, to ensure equality of access for those with impaired capacity.

Castle Point and Rochford and Southend

Key points from the current policy:

- ✓ Currently there is no service restriction - the service is commissioned.

Impact of proposed update :

- ✓ The patient must have a BMI less than 35kg/m2 and consider during counselling the possibility of vasectomy for their partner.
- ✓ Mental Health/ Learning disability: criteria clarified around mental capacity, to ensure equality of access for those with impaired capacity.



Vasectomy

New policy Service provision via Vasectomy under Local anaesthetic: **Routinely funded**

Vasectomy under General anaesthetic: **Group Prior Approval**

Recommended threshold criteria or Vasectomy under General Anaesthetic:

- ✓ Previous documented adverse reaction to local anaesthesia.

OR

- ✓ Scarring or deformity that distorts the anatomy of the scrotal sac or content making identification and/or control of the spermatic cord through the skin difficult to achieve.

Mid Essex

Key points of the current policy:

- ✓ This is not currently routinely funded. Funding is only available in exceptional clinical circumstances.

Impact of proposed update:

- ✓ Patients in mid Essex would have the same access as patients in other areas.

Basildon and Brentwood

Key points of the current policy:

- ✓ Group prior approval.
- ✓ Carried out by general anaesthetic on a restricted basis.
- ✓ Other cases referred to primary care providers.

Impact of proposed update:

- ✓ More patients across all areas would have access to this service due to the additional provision for vasectomy under local anaesthetic (routinely funded).

Thurrock

Key points of the current policy:

- ✓ Group prior approval.
- ✓ Carried out by general anaesthetic on a restricted basis.
- ✓ Other cases a referral should be made to a Primary Care Provider.
- ✓ Patients not meeting the above criteria will not be funded unless there are clinically exceptional circumstances.

Impact of proposed update:

- ✓ More patients across all areas would have access to this service due to the additional provision for vasectomy under local anaesthetic (routinely funded).

Impact of proposed update:

- ✓ More patients across all areas would have access to this service due to the additional provision for vasectomy under local anaesthetic (routinely funded).

Castle Point and Rochford and Southend

Key points from the current policy:

- ✓ Group prior approval.
- ✓ Carried out by general anaesthetic on a restricted basis.
- ✓ Other cases a referral should be made to a Primary Care Provider.
- ✓ Patients not meeting the above criteria will not be funded unless there are clinically exceptional circumstances.



Tertiary Fertility Services

New policy Service provision via Individual Prior Approval

Recommended threshold criteria:

- ✓ **IVF:** A full cycle defined as up to one fresh and one frozen embryo transfer. This will include the cost of freezing and storage. The transfer of one frozen embryo will be funded for patients who do not achieve a live birth with the fresh embryo transfer. The age of the mother at the time that the embryos are frozen is required to be within the age limits set out in the policy. This also applies to the age at transfer.
- ✓ **Cause of infertility:** Couples who have been diagnosed as having a male factor or female factor problems or have had unexplained infertility for at least two years, taking into consideration both age and waiting list times. Where the partner receiving IVF is 40-42, the period of unexplained infertility should be at least one year.
- ✓ **Eligible Couples will be offered:** a maximum of two full cycles of IVF+/-ICSI (local definition of a full cycle) where the partner receiving treatment is between the age of 23 and 39. Where the partner is between the age of 40-42, a maximum of one full cycle (local definition) will be offered.
- ✓ Patients younger than 23 will be considered where investigations have shown conception would be impossible without fertility treatment.
- ✓ Any previous IVF cycles, whether self- or NHS-funded, will count towards the total number offered by the ICB.
- ✓ The partner receiving IVF should have been registered to an MSE GP practice for at least 12 months preceding referral to IVF services.
- ✓ **BMI:** Women will only be considered for treatment if their BMI is between 19-30 (Kg/m²). Women with BMI higher than 30 should be referred to the appropriate obesity management pathway.
- ✓ Men with a BMI of higher than 35 will not be considered for treatment and should be referred to the appropriate obesity management pathway.
- ✓ **Smoking:** Couples must be non-smoking at the time of treatment.
- ✓ **Same-Sex Couples:** If six cycles of privately funded IUI have been unsuccessful, demonstrating infertility, the couple will be eligible for IVF as above. Under recommended criteria, same-sex couples would now be eligible for the same number of cycles as heterosexual couples.

- ✓ **Donor gametes (eggs and sperm):** Up to one batch (usually six) of donor oocytes (immature eggs) and one batch of sperm will be funded. Where more than two viable embryos are generated, up to two transfers will be funded in line with the rest of the policy. Any remaining embryos will be subject to the same criteria as if the oocytes were the couple's own. Fertility products will be stored in line with relevant national guidance.
- ✓ **Living Children:** Fertility treatment will only be offered to couples where the following two criteria are met: a) where there are no living children in the current relationship and b) where neither partner has children from previous relationships. This includes any adopted child within their current or previous relationships.
- ✓ Intrauterine insemination (IUI) will not be funded.

Mid Essex

Current policy and impacts of the proposed updates:

IVF (in vitro fertilisation)

- ✓ These services are not currently routinely funded in Mid Essex. Funding is only available in exceptional clinical circumstances.

Intra-uterine insemination (IUI)

- ✓ These are currently not funded except under exceptional clinical circumstances, and there would be no change under the new policy.

Donor oocyte (immature egg) donation

- ✓ These are not currently available.

Donor sperm donation/insemination

- ✓ These are not currently available.

Impact of proposed update:

Under the new proposals, patients would have access to the following services:

- ✓ IVF (in vitro fertilisation).
- ✓ Donor oocyte donation – under the new policy patients would have access to up to one batch (usually six) of donor oocytes.
- ✓ Donor sperm donation/ insemination - under the new policy patients would have access to these services up to one batch.

Basildon and Brentwood

Current policy and impacts of the proposed updates:

IVF (in vitro fertilisation)

- ✓ These services are not currently routinely funded. Funding is only available in exceptional clinical circumstances.

Intra-uterine insemination (IUI)

- ✓ These are currently not funded except under exceptional clinical circumstances, and there would be no change under the new policy.

Donor oocyte (immature egg) donation

- ✓ These are not currently available.

Donor sperm donation/insemination

- ✓ These are not currently available.

Impact of proposed update:

Under the new proposals, patients would have access to the following services:

- ✓ IVF (in vitro fertilisation).
- ✓ Donor oocyte donation – under the new policy patients would have access to up to one batch (usually six) of donor oocytes.
- ✓ Donor sperm donation/ insemination - under the new policy patients would have access to these services up to one batch.

Thurrock

Current policy and impacts of the proposed updates:

Key points of the current policy:

IVF (in vitro fertilisation)

- ✓ Individual prior approval.
- ✓ Criteria/detail in Specialist Fertility Commissioning Policy.
- ✓ Eligible couples will be offered: three cycles of IUI, and/or two full cycles of IVF+/-ICSI.
- ✓ Couples who have been diagnosed as having a male factor or female factor problems or have had unexplained infertility for at least 2 years, taking into consideration both age and waiting list times.
- ✓ The partner who is to receive treatment must be aged between 23 and 39 years old (up to 39 years and 364 days) at the time of treatment.
- ✓ Fertility treatment will only be offered to couples where the following two criteria are met:
 - a) where there are no living children in the current relationship
 - b) where neither partner has children from previous relationships. This includes any adopted child within their current or previous relationships.

- ✓ The female partner should not have had any previous NHS funded attempts at IVF or ICSI and not more than three NHS funded attempts at IUI.
- ✓ Women will only be considered for treatment if their BMI is between 19 and 30Kg/m²). Women with BMI greater than 30 should be referred to the appropriate obesity management pathway.
- ✓ Men with a BMI greater than 35 will not be considered for treatment and should be referred to appropriate obesity management pathway.

Impact of proposed update:

- ✓ Under the new proposals, there would be no change to the number of IVF cycles offered for heterosexual couples under 40.
- ✓ **Same-Sex Couples:** If six cycles of privately funded IUI have been unsuccessful, demonstrating infertility, the couple will be eligible for IVF as above. Under recommended criteria, same-sex couples would now be eligible for the same number of cycles as heterosexual couples.
- ✓ **Age:** The age limit would be increased and where the partner is between the age of 40-42, a maximum of one full cycle (local definition) would be available if criteria are met.

Intra-uterine insemination

Key points of the current policy:

- ✓ Individual prior approval.
- ✓ Specialist Fertility Treatment Policy criteria.
- ✓ Couples where both partners are male will not be funded.
- ✓ Funding of assisted conception for single women is not available.
- ✓ Where both partners are female, funding can be provided as long as the relevant criteria are met. Infertility needs to be demonstrated in the partner who is seeking to become pregnant. These couples must also meet requirements for parenthood and that both partners consent to be parents of the child.

Impact of proposed update:

- ✓ Patients in Thurrock would no longer be funded for this service.

Donor oocyte (immature egg) donation

Key points of the current policy:

- ✓ Individual prior approval.
- ✓ Specialist Fertility Treatment Policy criteria.

- ✓ Funding up to one batch (usually five) of donor oocytes. Where more than two viable embryos are generated funding is only provided for the transfer of up to two in line with the rest of the policy. Any remaining embryos will be subject to the same criteria as if the oocytes were the couple's own.

Impact of proposed update:

- ✓ Patients in Thurrock would be able to access one batch (usually six) donor oocytes. This is an increase of one oocyte.

Donor sperm donation/insemination

Key points of the current policy:

- ✓ Individual prior approval.
- ✓ Specialist Fertility Treatment Policy criteria.
- ✓ Fund one batch of donor sperm.

Impact of proposed update:

- ✓ There would be no change - one batch of donor sperm would be funded.

Castle Point and Rochford and Southend

Current policy and impacts of the proposed updates

IVF (in vitro fertilisation) Castle Point and Rochford

Key points of the current policy:

- ✓ Individual prior approval.
- ✓ Criteria/detail in Specialist Fertility Commissioning Policy.
- ✓ For women under 40 years old - maximum of four embryo transfers with maximum of two fresh cycles of IVF. Any previous cycles will count towards the number offered.
- ✓ For women aged 40 - 42 - limit determined by local area, maximum of two embryo transfers including a maximum of one fresh cycle of IVF.
- ✓ Service users should have experienced unexplained infertility for three years or more of regular intercourse or 12 cycles of artificial insemination over a period of three years.
- ✓ Couples who do not meet the criteria and consider they have exceptional circumstances should be considered under the Individual Funding Request.

Impact of proposed update:

- ✓ No change to the number of IVF cycles offered.
- ✓ Patients in Castle Point and Rochford could access services after two years of unexplained infertility taking both age and waiting lists into consideration. This is a reduction of one year. Where the partner receiving IVF is 40-42, the period of unexplained infertility would be at least one year.
- ✓ **Same-Sex Couples:** If six cycles of privately funded IUI have been unsuccessful, demonstrating infertility, the couple will be eligible for IVF as above. Under recommended criteria, same-sex couples would now be eligible for the same number of cycles as heterosexual couples.

IVF (in vitro fertilisation) Southend

Key points of the current policy:

- ✓ Individual prior approval.
- ✓ Criteria/detail in Specialist Fertility Commissioning Policy.
- ✓ Service users should have experienced unexplained infertility for three years or more of regular intercourse or 12 cycles of artificial insemination over a period of three years.

- ✓ For women less than 40 years old, the policy supports a maximum of two embryo transfers with one cycle of IVF, with or without ICSI, this includes any abandoned cycles. Any previous full IVF cycles, whether self- or NHS-funded, will count towards the total number of full cycles offered. Women up to the age of 40 years and meeting all eligibility criteria will be able to access one cycle of IVF funded by the CCG.
- ✓ Offer one cycle of IVF to women aged 40-42 years

Impact of proposed update:

- ✓ No change to the number of IVF cycles offered.
- ✓ Patients in Southend could access services after two years of unexplained infertility taking both age and waiting lists into consideration. This is a reduction of one year. Where the partner receiving IVF is 40-42, the period of unexplained infertility would be at least one year.
- ✓ **Same-Sex Couples:** If six cycles of privately funded IUI have been unsuccessful, demonstrating infertility, the couple will be eligible for IVF as above. Under recommended criteria, same-sex couples would now be eligible for the same number of cycles as heterosexual couples.

Intra-uterine insemination Castle Point and Rochford and Southend

Key points of the current policy:

- ✓ Individual prior approval.
- ✓ Criteria/detail in Specialist Fertility Commissioning Policy.
- ✓ Couples who do not meet the criteria and consider they have exceptional circumstances should be considered under the Individual Funding Request.
- ✓ Maximum of six cycles of IUI (as replacement for IVF/ICSI and without donor sperm) will only be offered under exceptional circumstances.

Impact of proposed update:

- ✓ Patients in Castle Point and Rochford and Southend would no longer be funded for this service.

Donor oocyte (immature egg) donation Castle Point and Rochford and Southend

Key points of the current policy:

- ✓ Individual prior approval.
- ✓ Egg donation where no other treatment is available - The patient may be able to provide an egg donor; alternatively, the patient can be placed on the waiting list, until an altruistic donor becomes available. If either of the couple exceeds the age criteria prior to a donor egg becoming available, they will no longer be eligible for treatment.
- ✓ This will be available to women who have undergone premature ovarian failure before the age of 40 years or to avoid transmission of inherited disorders to a child where the couple meet the other eligibility criteria.

Impact of proposed update:

Patients will have access to one batch (usually six) of donor oocytes and one batch of sperm will be funded. Where more than two viable embryos are generated, up to two transfers will be funded in line with the rest of the policy. This means that patients no longer have to find an egg donor or be placed on a waiting list for an altruistic donor.

Donor sperm donation/insemination Castle Point and Rochford

Key points of the current policy:

- ✓ Individual prior approval.
- ✓ Funded up to the same number of cycles of IVF.
- ✓ Donor insemination is funded up to a maximum of six cycles of Intrauterine Insemination (IUI).

Impact of proposed update:

- ✓ Patients would have access to one batch of donor sperm. Removal of IUI services across mid and south Essex could mean patients will not be able to access this service.

Southend

Key points of the current policy:

- ✓ Individual prior approval.
- ✓ Donor semen is used for same sex couples as part of IVF/ICSI treatment.
- ✓ A maximum of six cycles of IUI (as a replacement for IVF/ICSI and without donor sperm) will only be offered under exceptional circumstances.

- ✓ Funded up to the same number of cycles of IVF for women younger than 40 years - a maximum of four embryo transfers with a maximum of two fresh cycles of IVF.

- ✓ For women aged 40-42 years, NHS treatment limit will be determined by local CCG up to maximum of two embryo transfers, including a maximum of one fresh cycle of IVF.

Impact of proposed update:

- ✓ Patients would have access to one batch of donor sperm with no change to the number of IVF cycles offered.
- ✓ Removal of IUI services across mid and south Essex could mean patients would not be able to access this service.

proposals

What happens to those currently receiving treatment?

All patients accessing treatment, or those who start treatment under the current policies, will continue to be entitled to the eligibility criteria within each policy for the area in which they live.

Once this consultation is complete and the new policy is agreed upon, the new criteria will be applied to all new referrals for treatment.

How will a decision be made?

When the public consultation closes on 19th December 2022, a report will be written which brings together all the feedback received during the consultation and independent analysis of the public feedback will be carried out.

This report will then be shared with the Mid and South Essex Integrated Care Board. At a meeting held in public, the Board will consider the views of the public when they are asked to decide what the final criteria are for each of the six service areas and to agree on a single policy. The ICB Board meeting will take place on Thursday 9th February 2023 and any agreed service changes will take effect from 1st April 2023.

How can I give my views?

We would like to hear your views on the proposals for each service area. The easiest way is to complete the consultation survey at www.midandsouthessex.ics.nhs.uk/get-involved/how/consultations/.

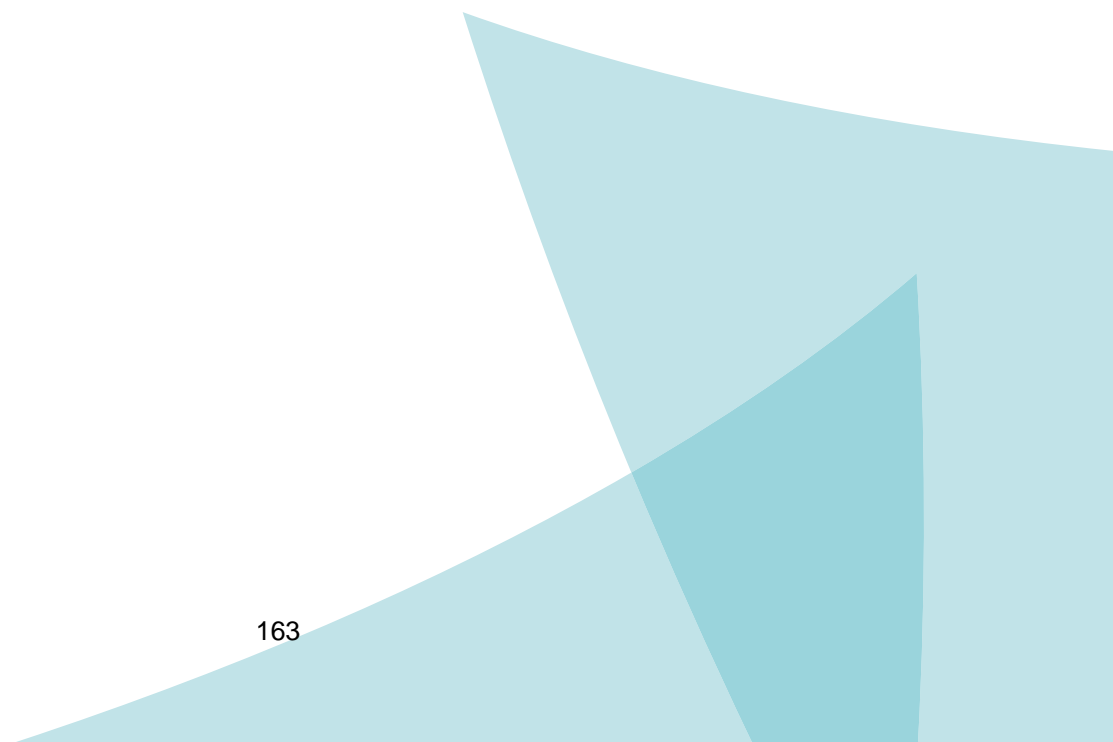
We are also happy to receive your views by:

Email: mseics.getinvolved@nhs.net

In writing: NHS Mid and South Essex ICB, Phoenix Court, Christopher Martin Road, Basildon, Essex, SS14 3HG.

You can also attend to one of our in-person discussion events below. To register visit www.midandsouthessex.ics.nhs.uk/events or call **01268 594350**.

Location	Date	Timing
The Beehive , Voluntary and Community Resource Centre, West Street, Grays, Essex RM17 6XP	9th Nov	6:30 - 8:00pm
Witham Public Hall Collingwood Rd, Witham, Essex CM8 2DY	10th Nov	5:00 - 6:30pm
The Place , Pitsea Leisure Centre, Northlands Pavement, Pitsea, Basildon, Essex SS13 3DU	22nd Nov	6:30 - 8:00pm
The Forum Southend Elmer Square, Southend-on-Sea, Essex SS1 1NS	24th Nov	5:30 - 7:00pm
Online event via Zoom – details provided when you sign up	30th Nov	7:00 – 8:30pm



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Feedback survey

31st October to 19th December 2022



Service harmonisation

Bringing equity to services across mid and south Essex

You can also complete this survey online at: www.smartsurvey.co.uk/s/MidSouthEssexTalkToUs or by scanning this QR code:

Service Harmonisation – Bringing equity to services across mid and south Essex

Mid and South Essex Integrated Care Board (ICB) wants to harmonise policies for six clinical services that are only funded by the NHS in our area under certain circumstances.

At the moment the policies for these six services differ depending on where you live in the area. Mid and South Essex ICB wants to update these policies, so everyone living in mid and south Essex has the same opportunities.

The policies it wants to update cover:

- Weight loss surgery (bariatric surgery)
- Correction for uneven breasts (breast asymmetry)
- Breast reduction (making breasts smaller)
- Female sterilisation

- Vasectomy (male sterilisation)
- Tertiary Fertility Services including:
 - Intrauterine insemination (IUI)
 - In vitro fertilisation (IVF), with or without intra-cytoplasmic sperm injection (ICSI)
 - Sperm and oocyte (egg) donation.

On the Mid and South Essex ICS website – www.midandsouthessex.ics.nhs.uk/getinvolved/how/consultations/, or in the accompanying Consultation Document, you can find information regarding the proposals for updates to the policies to help bring them into a new single policy for each of the six service areas.

This will support the ambition to end the variation that has existed up until now in accessing these services for those who would clinically benefit in our communities.

THANK YOU for taking the time to let us know what you think.

Please tell us which council area you live in:

- Basildon Borough Council
- Braintree District Council
- Brentwood Borough Council
- Castle Point Borough Council
- Chelmsford City Council
- Maldon District Council
- Rochford District Council
- Southend-on-Sea City Council
- Thurrock Council
- Other (please specify):

Which of the following statements apply to you? You can select more than one.

- I am currently affected by this policy – patient or service user
- I might be affected by this policy in the future
- I have a close relationship with someone who is affected or has been affected by this policy in the past e.g. carer
- I have a professional interest in this policy – staff / clinician
- I am not affected by this policy in any way
- Other (please specify):

Please answer the questions relating to the services you would like to share your views on.

Weight loss surgery (bariatric surgery)

New policy

Service provision via Group Prior Approval

Recommended threshold criteria:

- The person has a body mass index (BMI) of 40 kg/m² or more, or between 35 kg/m² and 40 kg/m² and other significant diseases (e.g. type 2 diabetes or high blood pressure) that could be improved if they lost weight.
- All appropriate non-surgical measures have been tried but the person has not achieved or maintained adequate, clinically beneficial weight loss.
- The person has been receiving or will receive intensive management in a tier three service. (A tier three service is a weight management programme that supports adults with severe and complex obesity to lose weight through a range of interventions including psychological approaches and dietary changes).
- The person is generally fit for anaesthesia and surgery.
- The person commits to the need for long-term follow-up.

The current policies across all areas can be found at www.midandsouthessex.ics.nhs.uk/publications/srp

To what extent do you support or oppose the proposed policy update to weight loss surgery?

- Strongly support Somewhat support Neither support nor oppose
 Oppose Strongly oppose

Please explain your answer

Correction for uneven breasts (breast asymmetry)

New policy

Service provision via Individual Prior Approval

Recommended threshold criteria:

The goal of surgery is to correct a significant deformity that is causing an impact on health. Patients will be eligible if all the following are confirmed:

- Clinical evidence rules out any other medical/physical problems to cause these symptoms; and the wearing of a professionally fitted bra has not relieved the symptoms, and
- There is a difference of at least two cup sizes (e.g. C and DD cup size differential) OR evidence of another serious functional impairment for at least one year, and
- Full evidence is provided of all conservative management options that have been attempted, and
- The patient is a non-smoker, and
- Patient has had no change in cup size for one year and has reached the end of puberty (referral should be delayed if the end of puberty has not been reached), and
- Only unilateral breast reduction (not unilateral breast augmentation) will be funded, and
- This policy does not cover gynecomastia (when boys' and men's breasts swell and become larger than normal).

The current policies across all areas can be found at www.midandsouthessex.ics.nhs.uk/publications/srp

To what extent do you support or oppose the proposed policy update relating to correction for uneven breast?

- Strongly support Somewhat support Neither support nor oppose
 Oppose Strongly oppose

Please explain your answer

Breast reduction

New policy

Service provision via Individual Prior Approval

Recommended threshold criteria:

- The patient is suffering from neck ache and/or backache. Clinical evidence will need to be produced to rule out any other medical / physical problems to cause these symptoms, and the wearing of a professionally fitted bra has not relieved the symptoms, and
- The patient has had persistent intertrigo (inflamed skin caused by friction/rubbing) for at least one year and confirmed by GP OR another serious functional impairment for at least one year, and
- Full evidence is provided of all conservative management options that have been attempted, including weight management services where appropriate, and
- The patient has a BMI less than 27 and evidence that the weight has been stable for 12 months, and
- The patient is a non-smoker, and
- At least 1kg is planned to be removed from each breast.

Patients who have predictable breast changes due to pregnancy are excluded.

The current policies across all areas can be found at www.midandsouthessex.ics.nhs.uk/publications/srp

To what extent do you support or oppose the proposed policy update for breast reduction?

- Strongly support Somewhat support Neither support nor oppose
 Oppose Strongly oppose


Please explain your answer

Female sterilisation

New policy

Service provision via Group Prior Approval

Recommended threshold criteria:

- **Family complete:** The woman is certain that her family is complete or that she never wants children in the future.
 - **Contraception:** there is an absolute clinical contraindication to Long Acting Reversible Contraception (LARC) or has severe side effects to the use of LARC or declines a trial of LARC after counselling from a healthcare professional experienced in fitting these devices.
 - **Capacity:** the woman has mental capacity OR all necessary arrangements have been completed to either support her to a position of having capacity or where appropriate advocacy arrangements are in place, in compliance with the latest capacity guidance.
 - **Counselling:** she is aware that the procedure is permanent but has a failure rate, that reversal is not funded on the NHS (except via Individual Funding Requests), and that other forms of LARC have a similar success rate, with a lower risk profile. Counselling must also include consideration of vasectomy for her partner where appropriate.
 - **BMI:** she must have a BMI less than 35, due to increased clinical risk associated with a BMI of 35 and above.
-  **Exemptions:** women who have a medical condition making pregnancy dangerous or where LARC is contra-indicated or inappropriate will be exempt from these criteria and female sterilisation will be routinely funded.

The current policies across all areas can be found at www.midandsouthessex.ics.nhs.uk/publications/srp

To what extent do you support or oppose the proposed policy update relating to female sterilisation?

- Strongly support Somewhat support Neither support nor oppose
 Oppose Strongly oppose

Please explain your answer

Vasectomy (male sterilisation)

New policy

Service provision via Vasectomy under Local anaesthetic: Routinely funded
Vasectomy under General anaesthetic: Group Prior Approval

Recommended threshold criteria or Vasectomy under General Anaesthetic:

Previous documented adverse reaction to local anaesthesia.

OR

Scarring or deformity that distorts the anatomy of the scrotal sac or content making identification and / or control of the spermatic cord through the skin difficult to achieve.

The current policies across all areas can be found at www.midandsouthessex.ics.nhs.uk/publications/srp

To what extent do you support or oppose the proposed policy update relating to vasectomies?

- Strongly support Somewhat support Neither support nor oppose
 Oppose Strongly oppose

Please explain your answer

Tertiary fertility services including in vitro fertilisations (IVF) with or without intra-cytoplasmic sperm injection (ICSI) and sperm and egg donation (sperm and oocyte donation).

New policy

Service provision via Individual Prior Approval

Recommended threshold criteria:

- **IVF:** A full cycle defined as up to one fresh and one frozen embryo transfer. This will include the cost of freezing and storage. The transfer of one frozen embryo will be funded for patients who do not achieve a live birth with the fresh embryo transfer. The age of the mother at the time that the embryos are frozen is required to be within the age limits set out in the policy. This also applies to the age at transfer.
- **Cause of infertility:** Couples who have been diagnosed as having a male factor or female factor problems or have had unexplained infertility for at least two years, taking into consideration both age and waiting list times. Where the partner receiving IVF is 40- 42, the period of unexplained infertility should be at least one year.
- **Eligible Couples will be offered:** a maximum of two full cycles of IVF+/-ICSI (local definition of a full cycle) where the partner receiving treatment is between the age of 23 and 39. Where the partner is between the age of 40-42, a maximum of one full cycle (local definition) will be offered.
- **Patients younger than 23** will be considered where investigations have shown conception would be impossible without fertility treatment.
- **Any previous IVF** cycles, whether self - or NHS-funded, will count towards the total number offered by the ICB.
- **The partner receiving IVF** should have been registered to a mid and south Essex GP practice for at least 12 months preceding referral to IVF services.
- **BMI:** Women will only be considered for treatment if their BMI is between 19-30 (Kg/m²). Women with BMI higher than 30 should be referred to the appropriate obesity management pathway.
- **Men with a BMI of higher than 35** will not be considered for treatment and should be referred to the appropriate obesity management pathway.
- **Smoking:** Couples must be non-smoking at the time of treatment.
- **Same-Sex Couples:** If six cycles of privately funded IUI have been unsuccessful, demonstrating infertility, the couple will be eligible for IVF as above. Under recommended criteria, same-sex couples would now be eligible for the same number of cycles as heterosexual couples.

- **Donor gametes (eggs and sperm):** Up to one batch (usually six) of donor oocytes (immature eggs) and one batch of sperm will be funded. Where more than two viable embryos are generated, up to two transfers will be funded in line with the rest of the policy. Any remaining embryos will be subject to the same criteria as if the oocytes were the couple's own. Fertility products will be stored in line with relevant national guidance.
- **Living Children:** Fertility treatment will only be offered to couples where the following two criteria are met: a) where there are no living children in the current relationship and b) where neither partner has children from previous relationships. This includes any adopted child within their current or previous relationships.

The current policies across all areas can be found at www.midandsouthessex.ics.nhs.uk/publications/srp

To what extent do you support or oppose the proposed policy updates to special fertility services?

- Strongly support Somewhat support Neither support nor oppose
 Oppose Strongly oppose

Please explain your answer

Overview of proposed policy changes

Mid and South Essex ICB has produced a consultation document about the proposed service harmonisation which is available on its website at www.midandsouthessex.ics.nhs.uk/getinvolved/how/consultations/ and in libraries.

It gives an overview of current policies, the proposed updates to the policies and highlights what this means for each of the areas impacted.

To what extent do you support or oppose the proposed policy updates?

- Strongly support Somewhat support Neither support nor oppose
 Oppose Strongly oppose

Please explain your answer

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Other comments

What is important to you as we review these services?

About you

Why are we asking these questions?

1. It helps us understand how different groups of people experience things in different ways.
2. It helps us ensure that we are representing different groups in the community, especially those whose voice is sometimes not heard.
3. It helps us refine recommendations to suit different groups of people.

The following questions are optional but knowing a bit more about you helps us to understand your feedback better. Be assured that the information you give us is collected anonymously and cannot be used to identify you personally.

The information you provide will be protected and stored securely in line with data protection laws and will only be used to help us analyse your feedback.

What was your age group at your last birthday?

- 16 to 24 25 to 34
- 35 to 44 45 to 54
- 55 to 64 65 to 74
- 75 to 84 85 and over
- Prefer not to say

Are you currently pregnant or have you given birth in the last year?

- Yes No
- Does not apply Prefer not to say

Please choose one of the following options that most accurately describes your ethnic group or background.

- White – English, Welsh, Scottish, Northern Irish or British
- White – Irish
- White – Gypsy or Irish Traveller

- White – Roma
- Mixed or multiple ethnic groups – White and Black Caribbean
- Mixed or multiple ethnic groups – White and Black African
- Mixed or multiple ethnic groups – White and Asian
- Asian or British Asian – Indian
- Asian or British Asian – Pakistani
- Asian or British Asian – Bangladeshi
- Asian or British Asian – Chinese
- Black, Black British Caribbean or African – African
- Black, Black British Caribbean or African – Caribbean
- Arab
- Prefer not to say
- Any other ethnic group, please describe:
-

Which of the following options best describes how you think of yourself?

- Bisexual Gay or lesbian
- Heterosexual or straight Prefer not to say
-

Is your gender identity the same as the gender you were assigned at birth?

- Yes No
- Prefer not to say
-

Which of the following options best describes how you think of yourself?

- Woman (including trans woman) Man (including trans man)
- Non-binary Prefer not to say
-

What is your religion?

- Buddhist
- Christian
- Hindu
- Jewish
- Muslim
- Sikh
- No religion
- Prefer not to say
- Other (please specify):

Do you have any physical or mental health conditions or illnesses lasting or expected to last 12 months or more?

- Yes
- No
- Prefer not to say

If you have answered yes to the question above, does your condition or illness/ do any of your conditions or illnesses reduce your ability to carry out day-to-day activities?

- Yes, a lot
- Yes, a little
- No
- Prefer not to say

Which of the following best describes your current financial situation?

- I have more than enough money for basic necessities, and a lot spare, that I can save or spend on extras or leisure
- I have more than enough money for basic necessities, and a little spare, that I can save or spend on extras or leisure
- I have just enough money for basic necessities and little else
- I don't have enough money for basic necessities and sometimes or often run out of money
- Prefer not to say
- Not known

What is your main language?

- English
- Prefer not to say
- Other (please specify):

Thank you

Thank you for taking the time to give us your views on the proposed policy updates for these services.

Please hand this in at the library or event where you received it, or you can post it to:




NHS Mid and South Essex
Unit 10 Phoenix Court
Christopher Martin Road
Basildon
Essex
SS14 3HG

For more information on the consultation and to see the final analysis report of this survey, visit the website:
www.midandsouthessex.ics.nhs.uk/getinvolved/how/consultations/

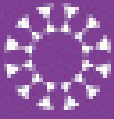
Data processing statement:

Mid and South Essex ICB has appointed Stand, independent patient involvement and public engagement specialists, to conduct this survey. Stand will provide independent reports which will make sure that the feedback we receive from individuals is anonymous. Stand will process any information you provide in line with the latest data protection regulations. Stand will use your information only for the policy harmonisation consultation exercise. Stand will never share your contact details for marketing purposes. They will keep any personal information that could identify you for no more than one year after the engagement activity has finished.

For more information about the way Stand uses the information you provide, your rights, and how to complain, please visit wearestand.co.uk/mydata

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Making services more equal for people across mid and south Essex

easy-read information

- 1** Section 1: **Who are we?**
- 2** Section 2: **What is this document about?**
- 3** Section 3: **Who can receive these services?**
- 4** Section 4: **How have we developed the proposals?**
- 5** Section 5: **What have we already heard?**
- 6** Section 6: **What are the proposals?**
- 7** Section 7: **How will a decision be made?**
- 8** Section 8: **How can I give my views?**

1

Section



Who are we?



Mid and South Essex Integrated Care Board was formed on 1st July 2022.



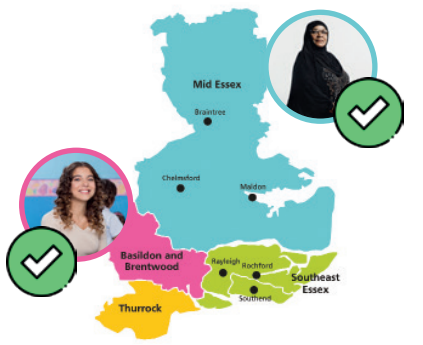
We plan, organise, and buy NHS healthcare for people living across mid and south Essex.



We promise to deliver local, high quality healthcare services.



We want to make sure we spend our money on the right things.



We want to make sure people get good quality services no matter where they live in our area.



We work with lots of different NHS services, including:



Hospital services



Community health services



Mental health services



149 GP Practices (Doctors Surgeries)

The different areas of mid and south Essex



2

Section

What is this document about?



We want to make things more equal for 6 NHS services.



At the moment, these 6 services are different depending on where you live in the area.



For example, people living in one area can't access weight loss surgery on the NHS, but people living in an other area can.

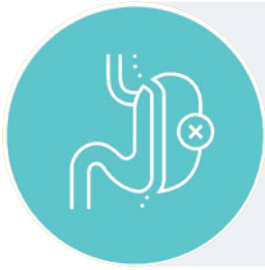


We want to update things to make it fairer for people.



This is so everyone living in mid and south Essex have the same access to these 6 services.

The 6 services



1. **Weight loss surgery**



2. **Correction for uneven breasts**



3. **Breast reduction**
(making breasts smaller)



4. **Operations to stop women having more children due to sex**
(female sterilisation)



5. **Operations to stop men having more children due to sex**
(vasectomy or male sterilisation)



6. **Fertility Services** (supporting couples to have children)

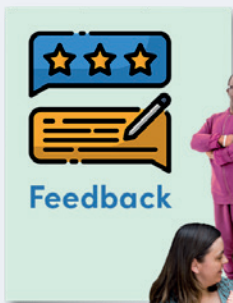


This document describes our ideas for updating things.

These are our proposals.



We would like you to tell us what you think about them.



We want your feedback to help us make these important decisions.



If you need information about how we do things at the moment, please contact us.

Our details can be found at the end of this document.

3

Section

Who can access these services?



Funded by **NHS**

All 6 of the services are only funded by the NHS in some situations.



Access to these services could be different depending on where you live.



Doctors will use information to help them decide if a patient would benefit from treatment.



Some of the changes are quite complicated.



You do not need to work out if they affect you.



Services listed as “**group approval**” means that your GP or another healthcare worker will tell you if you can get the service for free on the NHS.



For “**group approval**” we will use this symbol.

Section 3: Who can receive these services?



A service needing “**individual approval**” means that if you want the service, you have to apply to a special NHS team.



For “**individual approval**” we will use this symbol.



Your GP can explain to you how applying for individual approval works.



If you are not sure about anything, please talk to your GP.

4

Section

How have we developed the proposals?



We looked at the latest information and experience for all 6 service areas.



We have also asked for advice from doctors, nurses, and other professionals.



We have talked with local people to understand what is important to them when we make these decisions.

Section 4: How have we developed the proposals?



We looked at the cost of providing these services.



Looking at our finances, we found:



The current cost of providing these services is around £1 million per year.



If we make these changes across mid and south Essex we will spend an extra £1.1 million per year.

Section 4: How have we developed the proposals?



The proposals we have set out mean a higher cost to the NHS as more people would have access to the services.



We know that some groups of people in our communities suffer from **health inequalities**.



Health inequalities are the unfair differences in people's health across groups of people.

Section 4: How have we developed the proposals?



We want to make improvements for people who suffer from health inequalities.



The changes we are planning help, for example, making things fairer for people in our area.



We will do some work to make sure we hear from people who are more likely to experience health inequalities.



For example, we will talk to people with a mental health condition or a learning disability.

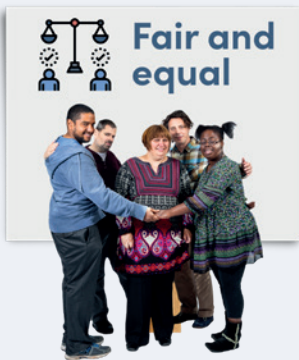
5

Section

What have we already heard?



To help understand people's views, we ran a small survey in August 2022.



Two things that lots of people agreed on were fairness and **equity**.



Equity means that anyone in mid and south Essex should be able to access services in the same way.

Section 5: What have we already heard?



People told us that there is often a big emotional impact around these services.



People told us that they want healthcare professionals to think more about how emotional people can feel.

6

Section

What are the proposals?



In this section, we have written our proposals for each of the 6 service areas.



Healthcare professionals and the views of local people have helped make these proposals.



We did not want to keep these services the same as they do not provide fair and equal access for people.



For each service, we have written some information about how each service would change.



IMPORTANT

For full details about the changes we are thinking about you can read the full consultation document.



Weight loss surgery



The changes we are thinking about.

This service would need Group Approval.



Services listed as “**group approval**” means that your GP or another healthcare worker will tell you if you can get the service for free on the NHS.



What must be in place for patients to have treatment:

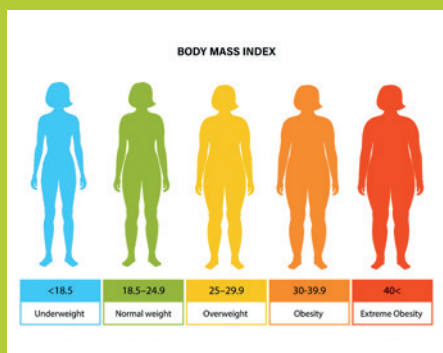
Weight loss surgery



1. The person is fit for surgery and OK to have **anaesthetic**.



Anaesthetic is a medicine that is used to send you to sleep, so you are not aware of surgery and do not move or feel pain.



2. The person has a **BMI** of **40** or more.

OR



3. The person has a BMI of between **35-40** and has another disease.

An example would be type 2 diabetes.



BMI is a measure of your weight compared to your height.



4. All other ways of losing weight have been tried but the person has not lost any weight.



5. The person takes part in a weight management programme.



6. The person is happy to have follow-up appointments with a healthcare professional.



Correction for uneven breasts



The changes we are thinking about.

This service would need Individual Approval.



Individual approval means that if you want the service, you have to apply to a special NHS team.



The goal of surgery is to correct seriously uneven breasts that cause a negative impact on the woman's health or wellbeing.



Patients can have surgery if:



1. There is not another medical problem that cause the breasts to be uneven.



2. There is a difference of at least 2 cup sizes.

For example C and DD cup sizes.

OR



3. The negative effect on a patient's health and wellbeing has lasted at least 1 year.



4. Wearing a professionally fitted bra has not helped.



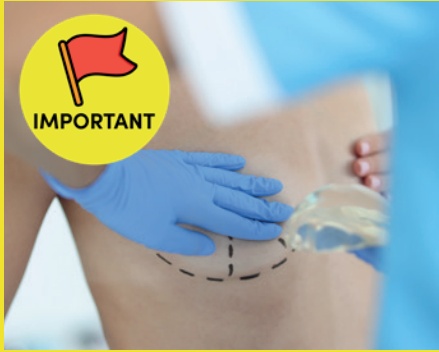
5. All other ways of helping the patient have been tried but have not worked.



6. The patient is a non-smoker.



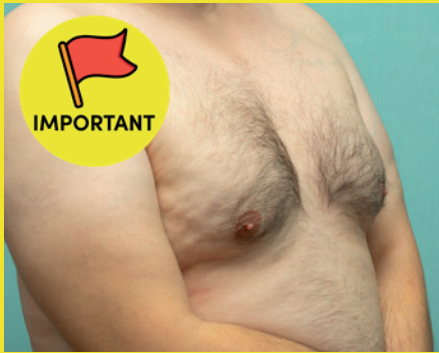
7. The patient has had no change in cup size for one year and has reached the end of puberty.



IMPORTANT

Only breast reduction will be carried out.

Breast enlargement is not available.



IMPORTANT

This service does not cover men whose breasts swell and become larger than normal.



Breast Reduction (making breasts smaller)



The changes we are thinking about.

This service would need Individual Approval.



What must be in place for patients to have treatment:



1. The patient is suffering from neck ache or back ache.



2. Wearing a professionally fitted bra has not helped.

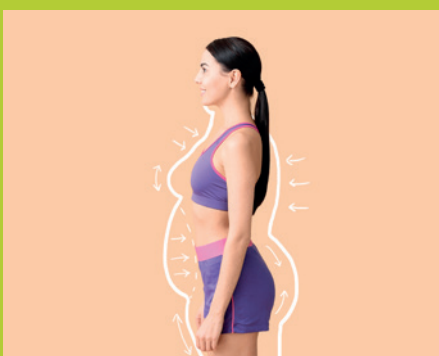


3. The patient has had sore skin for a long time caused by rubbing.

OR

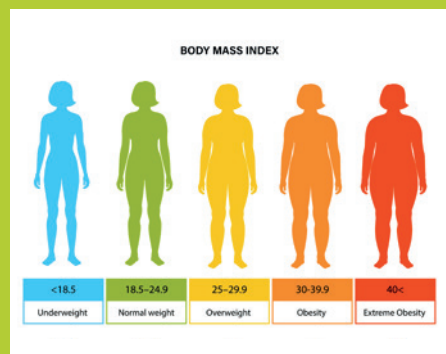


4. Another serious health problem caused by large breasts that has lasted at least 1 year.



5. The patient has tried different options, for example losing weight.

Breast Reduction (making breasts smaller)



6. The patient has a BMI less than **27** and their weight doesn't change much.



7. The patient is a non-smoker.

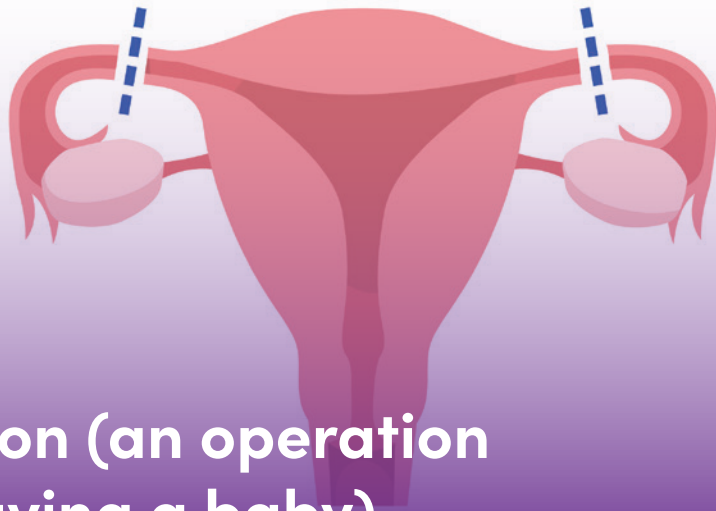


8. At least 1kg is planned to be removed from each breast.

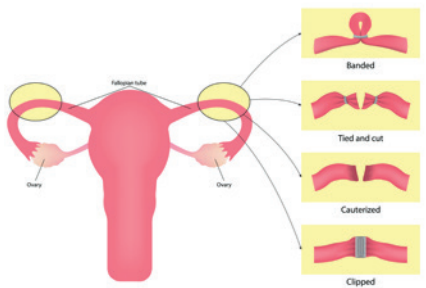


IMPORTANT

Patients who have breast changes because they are pregnant are not included.



Female Sterilisation (an operation to stop women having a baby)

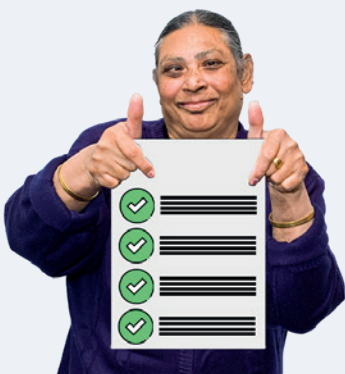


Female sterilisation is an operation to permanently stop women getting pregnant.



The changes we are thinking about.

This service would need Group Approval.

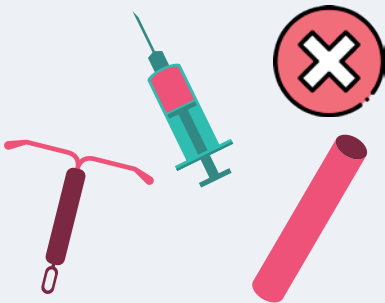


What must be in place for patients to have treatment:

Female Sterilisation (an operation to stop women having a baby)



1. The patient is completely sure that she never wants children in the future.



2. The woman has a medical reason for not using **Long Acting Contraception**.



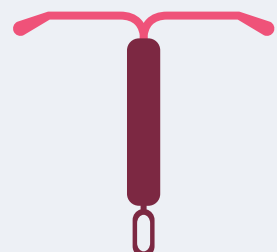
Long Acting Contraception is contraception that you do not have to think about every day or every time you have sex. They include:



Implants placed under your skin



Contraceptive injections



Devices fitted inside the womb

Female Sterilisation (an operation to stop women having a baby)

3. The patient has **mental capacity** to make her decision.

Decision

OR

4. The patient has support to help have mental capacity to make her decision.

Supported decision

In our lives we often have to make important choices.

Mental Capacity

When you can understand the choice you need to make, this is called having **mental capacity** to make the choice.

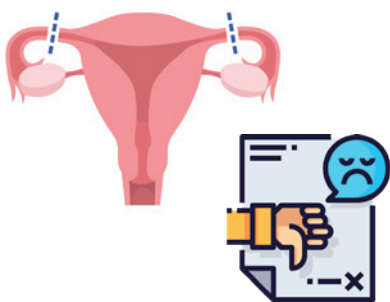
Advocate



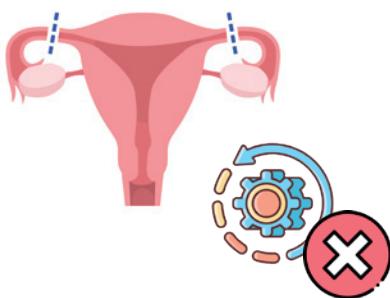
5. If needed, the patient has an advocate to support her.



6. She knows that the operation is permanent.

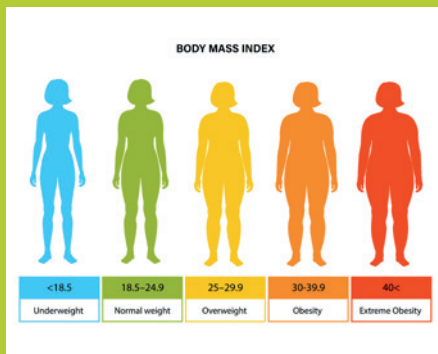


7. She knows that the operation sometimes doesn't work.

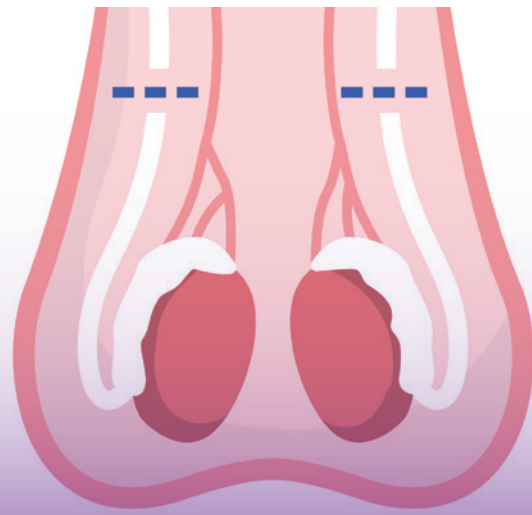


8. She knows that reversing the treatment is not funded on the NHS.

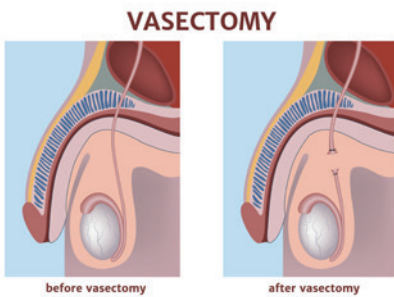
Female Sterilisation (an operation to stop women having a baby)



9. The patient must have a BMI less than **35**.



Vasectomy



This is an operation men can have on their balls (testicles) that should prevent them getting women pregnant.



New policy: This operation will be available to everyone under local anaesthetic. This means you would awake during the operation but not feel anything.



New policy: This operation will be available under general anaesthetic if your GP thinks you need it.



What must be in place for patients to have a Vasectomy under **general anaesthetic**:

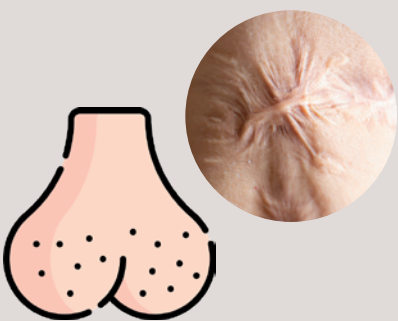


During a **general anaesthetic**, medicines are used to send you to sleep, so you are not aware of surgery and do not move or feel pain.



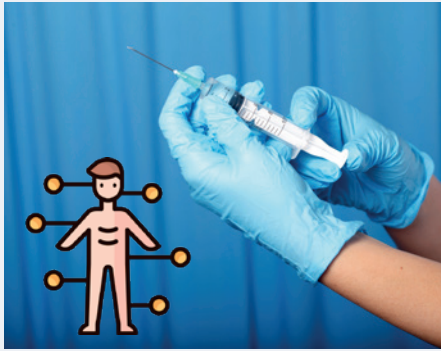
1. The patient has had a bad reaction to **local anaesthetic**.

OR



2. Scarring or other changes to the sac around a man's balls (called the scrotum).

Vasectomy (an operation for men to permanently stop pregnancy)



Local anaesthetic involves numbing an area of the body.



Local anaesthetic can be used to stop pain during an operation, or help with pain after surgery.

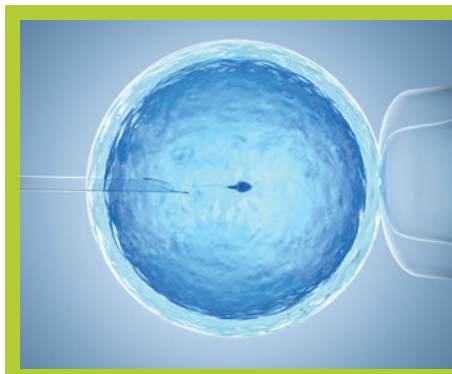


Fertility Services (supporting couples to have children)



The changes we are thinking about.

This service would need Individual Approval.



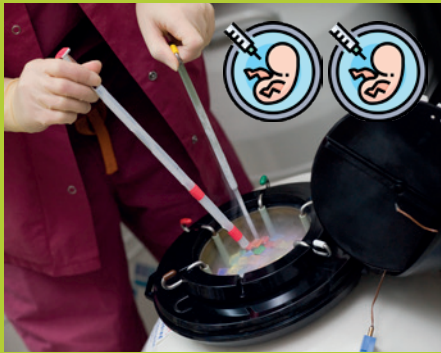
IVF is sometimes called having a test-tube baby.



It happens when scientists mix sperm and eggs outside the body and then put an embryo back into a woman's body.



Sometimes but not always this embryo can grow into a baby.



A second embryo is frozen so if the first one does not become a baby, the couple can try again. Both attempts together are called one “cycle” of IVF by the local NHS.



The partner receiving IVF should have been registered to a local GP practice for at least 1 year.



This service is available to couples who have not got pregnant for at least 2 years and their GP does not know why.



Couples where the person receiving IVF is aged 23 to 39 years old must have been trying to have a baby for at least 2 years before they can get the service.



Couples where the person receiving IVF is 40, 41 or 42 years old must have been trying to have a baby naturally for at least 1 year before they can get the service.



Couples where the person is under 23 years old must show there is no other way for them to have a baby.



When a couple get the service, the NHS will offer them 2 cycles of IVF.

If they have had IVF before they might get fewer cycles from the new service.



Same-sex couples could get IVF if they have already tried having a baby 6 times by paying for sperm to be put in a womb with a device. (This is called IUI.)



Under the new service, same-sex couples could also have up to 2 IVF cycles.



Up to 6 eggs and 1 batch of sperm can be stored for this service.



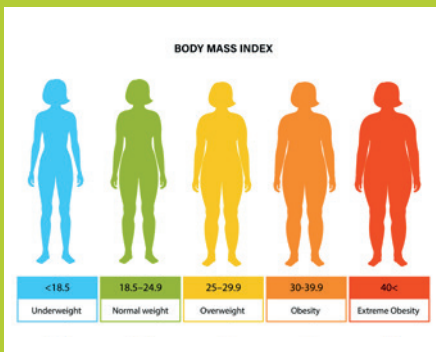
When IVF leads to more than 2 embryos, a maximum of 2 can be put back into a woman's womb.



Men with a BMI of higher than **35** will not be offered treatment and will be referred to support to lose weight.



Couples must be non-smokers at the time of treatment.



Women will only be offered treatment if their BMI is between **19-30.**



Women with BMI higher than **30** will be referred to support to lose weight.



Children:

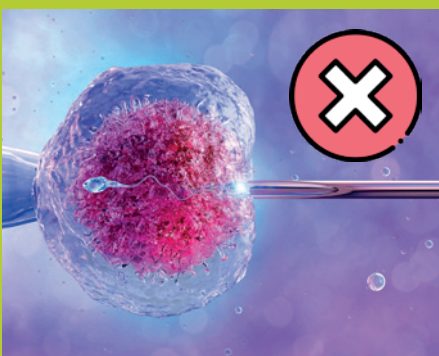
Fertility treatment will only be offered to couples where:



1. There are no children in the current relationship.



2. Neither partner has children from previous relationships.




Intrauterine insemination (sometimes called artificial insemination) will not be funded.

7

Section



What happens to people having treatment at the moment?



All patients having treatment at the moment will continue to have that treatment.



NEW

After 1st April 2023 the new agreed services will be available to everyone who starts to receive them.

8

Section

HEARING

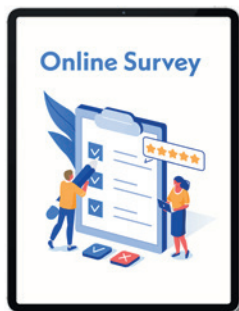
YOUR

VIEWS

How can I give my views?



We would like to hear your views on the proposals for each service area.



You can tell us your views by filling in a survey. Please click the link below.

[Online survey](#)



You can also e-mail us with your views:

mseicb.getinvolved@nhs.net



You can write to us. Our address is:

**NHS Mid and South Essex ICB,
Phoenix Court, Christopher Martin Road,
Basildon, SS14 3HG.**



Discussion event

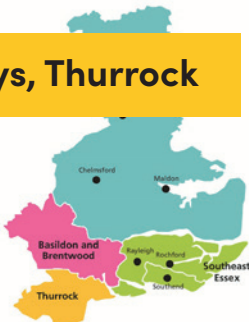
You can also attend to one of our discussion events.



To register for the event, click on the yellow ticket.

You can also register by calling 01268 594350.

Grays, Thurrock



**Thurrock: 9 November 2022,
6:30pm - 8:00pm**



The Beehive, Voluntary and Community Resource Centre, West Street, Grays, Essex, RM17 6XP

Section 8: How can I give my views?



**Mid Essex: 10 November 2022,
5:00pm to 6:30pm**



Witham Public Hall, Collingwood Road,
Witham, Essex, CM8 2DY



**Basildon and Brentwood:
22 November 2022, 6:30pm to 8:00pm**



The Place, Pitsea Leisure Centre,
Northlands Pavement, Pitsea, Basildon,
Essex, SS13 3DU



**South East Essex:
24 November 2022, 5:30pm to 7:00pm**



The Forum Southend, Elmer Square,
Southend-on-Sea, Essex, SS1 1NS



**Online:
30 November 2022, 7:00pm to 8:30pm**



Online event via Zoom – details will be
provided when you sign up.

A co-production group worked together to make this easy-read document.

We created this document as people who are:

“Chilled, relaxed, kind, helpful and caring”

“Creative and committed”

“Kind and generous with my time to others”

“Passionate, approachable and dedicated”



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Southend-on-Sea Borough Council

Briefing Note For the People Scrutiny Committee

9

29th November 2022

Report prepared by: Anne Warburton
Service Manager – Integrated Transport and Fleet Services
Civil Engineering Group

Vecteo – progress brief on the provision of Key Performance Indicators

Cabinet Member: Councillor Steven Wakefield

1. Purpose of Briefing Note

- 1.1 To provide members with substantiated data on the Key Performance Indicators (KPIs), provided by our Joint Venture company Vecteo on their performance.

2 Summary

For the month of September (Appendix 1) there were 24 KPIs that were fully achieved and 3 that did not fully meet the requirements. Vecteo's self-delivery transport met 100% of the meet and greets required, however two sub-contractors failed to meet the required standards, 1 sub-contractor carried out the meet and greets later than advisable, the second sub-contractor failed to provide 10 required meet and greets. Vecteo have a robust procedure in place for dealing with sub-contractors performance and this has been raised appropriately with both suppliers. The two other KPIs that did not meet the target were both due to drivers and passenger assistants sickness levels in September. There was an extremely high sickness rate during this month, therefore the changes required for both drivers and passenger assistants were higher than expected. However all routes still took place and no child was left without a journey. This was due to newly recruited staff and some office staff undertaking routes. There has been an increase in office staff so that the office is still managed effectively and efficiently. The Contract Management Team have seen a continued improvement and there have been positive social media posts by parents on Vecteo's performance during September.

3 Background

It was agreed that members of the People Scrutiny Committee, in accordance with the decision of the Council on 25th November 2021, would receive regular updated information on the performance of Vecteo.

Subsequent to this, In July 2022 Members requested that;

- 3.1 The circulation of the full schedule of KPIs applicable to the Services Agreement with Vecteo for the provision of special educational needs and disabilities (SEND) home to school transport would be provided for every subsequent meeting.

3.2 The provision of a comprehensive report on the performance of Vecteo against each of the key performance indicators applicable to the contract to each future meeting of the Committee, setting out actual performance figures rather than percentages.

3.3 Details of performance against each of the Minimum Service Requirements for the contract for the provision of special educational needs and disabilities home to school transport services.

4.0 Information and progress requested

4.1 The full schedule of KPIs within the Services Agreement is attached as Appendix 1 and have been annotated for the month of September. Please note KPIs are a month in arrears for each meeting due to the collation by Vecteo and the verification process by the Contract Management Team. It has not been possible to provide Octobers figures as these were not available at the time this report was prepared.

4.2 Appendix 2 is a table of the Minimum Service Requirements (MSRs) for the Services Agreement that includes all core services Vecteo perform. This has been annotated to cross reference the KPI data that gives us an overall position of performance of core services against the MSRs. It also includes what we have been able to verify and what/why we have not been able to validate where additional procedures/resource could be required.

5.0 Financial Implications

5.1 There are no financial implications as a result of this brief.

6.0 Legal Implications

6.1 There are no Legal implications as a result of this brief.

7.0 People Implications

7.1 There are no People implications as a result of this brief.

8.0 Property Implications

8.1 There are no implications as a result of this brief.

9.0 Equalities and Diversity Implications

9.1 There are no Equality or Diversity implications as a result of this brief.

10 Risk Assessment

10.1 None

11 Value for Money

11.1 N/A

12 Community Safety Implications

12.1 None.

13 Environmental Impact

13.1 None

14 Other Options

14.1 There are no other options proposed.

15 Background papers

15.1 Appendix 1 – KPI schedule

15.2 Appendix 2 – MSR requirements

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Service Criteria	KPI Number	KPI	Rank
Passenger Management	1	Full written report of accidents by 5pm if occurring in the morning and by 11am the following working day if occurring in the afternoon	10
Co-ordination	2	Specialist equipment i.e. harnesses ordered within 3 working days of completed risk assessment.	10
Co-ordination	3	1 hour "end to end journey time" for primary school Service Users where journeys are to and from within the borough of Southend	10
Co-ordination	4	One hour and 15minutes "end to end journey time" for secondary school age or adult Service Users where journeys are to and from within the borough of Southend	10
Customer Service	5	Pre transport phone calls to introduce the Partnership, the Drivers and Passenger assistant and to arrange a pre meet and greet (if required by parent)	10

Customer Service	6	Response times to the Council's requests for further information relating to safeguarding issues within 3 hours	10
Customer Service	7	Acknowledge receipt of complaints within 3 working hours	10
Customer Service	8	Respond to complaints within 3 days of receipt	10
Management information	9	Training and DBS records of all staff to be provided at each review meeting	10
Data Protection & Security	10	Immediate notifications of data protection breaches which the provider becomes aware of including whereby the provider or anyone in its supply chain is responsible	10
Data Protection & Security	11	All staff to be data protection regulation trained	10
Passenger Management	12	On-board incidents notified to the Council within 1 hour of being notified	9
Passenger Management	13	Number of new applications for children social care transport to be processed and allocated a route within next working day if requested by 2pm the previous day.	9
Passenger Management	14	Emergency measures to cover business continuity including Sub – Contractor provisions	8

Customer Service	15	Communication with all relevant stakeholders to notify of any foreseen changes of service giving a minimum of 24 hours notice.	8
Customer Service	16	Response times to the Council's requests for general management information within 3 working day.	8
Invoicing	17	Invoice queries dealt with to satisfaction within 5 working days	8
Passenger Management	18	Number of incidents on-board a vehicle that were reported to the provider via Driver/Passenger Assistant	6
Passenger Management	19	Number of new applications for home to school/college transport to be processed and allocated a route within 10 working days including meet and greet.	6
Passenger Management	20	Number of new applications for adults with learning disabilities transport to be processed and allocated a route within 3 working days.	6
Passenger Management	21	Inability to operate a Route, or any part of a Route, this must be reported to the Council's representative Transport and Contracts Manager, by the provider, in writing on the same day on which the default takes place	5
Passenger Management	22	Number of new applications for Dial-a-Ride transport to be processed and allocated a route within 3 working days.	5
Social Value Outcomes	23	Case studies and Qualitative and Quantitative report provided evidencing social value outcomes	2
Passenger Management	24	Number of passengers per route/service	1

Passenger Management	25	Number of route changes over 3 month period	1
Passenger Management	26	Driver changes to allocated routes over a monthly period	1
Passenger Management	27	Passenger Assistant changes to allocated routes over a monthly period	1
Compliments			

Mar		Apr		May		Jun	
1		2		3		4	
Not captured		Not captured		0		Not captured	
Not captured		0 Only captured for new starters.		0		0	
Not captured		32 Routes 19 trips over the accepted timings		32 Routes 13 trips going over the accepted timings (One route is responsible for 9 out of the 13 occurrences Vecteo will look at this route with a view to reducing it). SCC unable to verify as no journey time data provided after requests		Not captured - Vecteo advised data sheets were shredded in an administration error.	
Not captured		2 new starters (1 received meet & greet, 1 not captured by sub contractor)		Not captured		Not captured	

1 Request made response timescales met (did not meet LADO criteria)	No safeguarding incidents reported	A Vecteo member of staff heard a child discussing a concern that would come under Safeguarding. They reported this to the school who advised they would take this concern up.	No safeguarding incidents reported
Not captured	0 complaints recorded (SCC unable to verify)	0 complaints recorded (SCC unable to verify)	0 complaints recorded SCC advised of two complaints that had already received and shared for Vecteo to respond
Not captured	0 complaints recorded (SCC unable to verify)	0 complaints recorded (SCC unable to verify)	0 complaints recorded SCC advised of two complaints that had already received and shared for Vecteo to respond
Due quarterly	Due quarterly	Due quarterly	Vecteo reported 100% up to date SCC unable to verify as no records been provided - Vecteo HR collating a report from their systems to enable SCC to verify
Not captured	Not captured	No DP breaches	Not captured
Not captured	Not captured	Not captured	98.9% - 4 staff required to undertake training
14 recorded - timescales were not recorded during this month	4 recorded - 1 outside timescale	7 recorded - timescales were not recorded during this month	22 recorded - timescales were not recorded during this month
Not captured	100% 3 applications - timescales met	85.6% 7 applications - 1 missed timescale	100% 5 applications - timescales met
Not captured	Not captured	Not captured	Not captured

Not captured	Not captured for all stakeholders	Not captured for all stakeholders	Not captured for all stakeholders
No recording mechanism in place to evidence reported figure	No recording mechanism in place to evidence reported figure	No recording mechanism in place to evidence reported figure	No recording mechanism in place to evidence reported figure
Not captured	Not captured	Not captured	Not captured
12	3	6	21
Not captured	4 applications - 2 did not meet timescales	No applications	No applications
No applications	No applications	No applications	No applications
Not captured	4 routes merged into two - SCC not advised within timescales	2 routes that merged in April unmerged - SCC not notified within timescales	No further changes since May
0 applications	4 applications	1 applicaton	3 applicatioons
Due quarterly	Due quarterly	Due quarterly	Report to follow
Partial registers provided sub contractors not captured	Registers provided sub contractors partially reported	Registers provided sub contractors partially reported	Registers provided including sub-contractors (SCC random compliance inspections undertaken)

N/A	N/A	N/A	Not captured - Mechanism to report figure over 3 monthly period still being devised but details are captured within other KPI's
<p>Kingsdown 87 crew changes over 690 trips</p> <p>St Christophers 43 crew changes over 598 trips</p> <p>St Nicholas 37.5 crew changes over 184 trips</p> <p>Lancaster 17 changes to crew over 46 trips</p> <p>Overall 12% change</p> <p>Sub contractor data not captured</p>	<p>Kingsdown 7 crew changes over 252 trips</p> <p>St Christophers 4 crew changes over 240 trips</p> <p>St Nicholas 3 crew changes over 160 trips</p> <p>Lancaster 0 crew changes over 20 trips</p> <p>Overall 6% change</p> <p>Sub contractor partially captured 0 crew changes</p>	<p>Kingsdown 6 crew changes over 608 trips</p> <p>St Christophers 7 crew changes over 456 trips</p> <p>St Nicholas 3 crew changes over 152 trips</p> <p>Lancaster 1 crew change over 38 trips</p> <p>Individual routes to above schools 1 crew changes over 266 trips</p> <p>Overall change 2%</p> <p>Sub contractor partially captured 0 crew changes</p>	<p>Kingsdown 14 crew changes over 576 trips</p> <p>St Christophers 10 crew changes over 432 trips</p> <p>St Nicholas 1 crew change over 144 trips</p> <p>Lancaster 1 crew change over 36 trips</p> <p>Individual routes to above schools 0 crew changes over 108 trips</p> <p>Overall change 2%</p> <p>Sub contractor 0 crew changes</p>

July	August
5	6
0	0
0	100% reached. 20 booster seats required
<p>100% reported on time (36 routes self delivered).</p> <p>(SCC are still verifying at time of this report being verified using Cordic system and compliance inspection data during July)</p>	No journeys during August
	No journeys during August
0 new starters	<p>Self delivery - 43 new students - 23 took place. 10 had received a meet & greet during transition week in July. 10 either did not respond or had siblings attending so crew known to parents. SUB-CONTRACTORS 27 meet & greets required</p> <p>17 recorded have taken place. Vecteo still chasing Sub-Contractors for information on the remaining 10 students.</p>

No safeguarding incidents reported	No safeguarding incidents reported
1 complaint recorded (SCC aware of 3 complaints) - acknowledgement not sent in timescales due to further investigation required from sub contractor. SCC have logged 2 other comments that Vecteo have dealt with but not recorded as complaints. Vecteo are aligning their complaints procedure and definition to SCCs	No complaints received
1 complaint recorded (SCC aware of 3 complaints) - timescale of response not met due to further investigation required from sub contractor	No complaints received
Due to refresher training taking place currently we are expecting an updated list by 31st August to ensure all staff are appropriately trained for September. DBS records have been provided.	Vecteo have supplied a full training matrix of all staff. All staff have the appropriate training for the passengers needs. Further cross training for any contingencies that arise is also taking place (i.e. anaphylaxis training).
No DP breaches	No DP breaches
99% - 1 staff member to undertake training	100% staff trained
14 recorded - timescales not recorded (minor incidents 11 were involving the same user which Vecteo have looked into)	No SEND transport running. No incidents
100% No applications	0 LAC children for home to school were transported in August
New Manager working on these procedures these will be reported in Augusts return.	Business Continuity in place that covers sub-contractors - 100%

Not captured for all stakeholders	No service running
New Manager working on these procedures these will be reported in Augusts return.	100% - all responses within 3 working days
New Manager working on these procedures these will be reported in Augusts return.	100% - all responses within 3 working days
14	No service running
No applications	100% - all in house new starters were communicated with and meet and greets completed where required before the end of Aug - contractor meet and greets were done at the start of September and will be included in Septembers KPI
Due to time report submitted, SCC still verifying	100%. Vecteo/SCC will be chaning this KPI as the process does not work and cannot match the KPI requirement. Will be reported from as from Septembers return.
No further changes since June	No service running
3 applications	2 applications both comfirmed within 3 days. 100%
Social value trips arranged for August trips. Employ local residents, employ some staff with SEND whom were previous passengers	Please see attached report by Vecteo
Registers provided including sub-contractors (SCC random compliance inspections undertaken)	No service running

<p>New Manager working on these procedures assured to be ready to report for August</p>	<p>Not applicable. This resets from every September</p>
<p>Kingsdown 13 crew changes over 480 trips St Christophers 6 crew changes over 390 trips St Nicholas 3 crew changes over 120 trips Lancaster 3 crew changes over 30 trips Individual routes to above schools 2 crew changes over 60 trips Overall change 3% Sub contractor 0 crew changes</p>	<p>Not applicable. This resets from every September</p>
<p>[Redacted]</p>	<p>4 Head Teacher/School compliments circa 8 verbal/written compliments either to SCC, Vecteo or on Social Media , by parents, social workers, foster carers</p>
<p>[Redacted]</p>	<p>[Redacted]</p>

September	
7	Service Required
100% no accidents to report	100%
100% achieved no equipment required this month	98%
100%	90%
100%	90%
100% self-delivery achieved. 1 sub-contractor carried out meet and greets late and 1 sub-contractor failed to carry out 10 meet and greets. This has been addressed during a contractual meeting and a new robust procedure is being prepared for next year.	100%

100% achieved - no requests from SCC in relation to safeguarding issues this month	95%
100%	90%
100%	100%
Training and DBS records are all up to date, still waiting for database access from LHCS to confirm	100%
100% achieved - no data breaches this month	100%
100%	100%
100% achieved - see attached log	100%
100%	90%
100% - no emergency measures required this month	100%

100% achieved	98%
100%	98%
100% one query resolved within 5 days	100%
100% reported	100%
100%	95%
100%	90%
100% all routes operated	< 5 per month and 100% reported
100% one new application - although not traveled as yet	90%
reported last month	Quarterly reporting in line with SPB
100% reported	100%

100% reported	100%
95.2%% this was due to high number of sickness throughout September	
90% due to high sickness throughout September	98%
Compliments on FaceBook, Via Little Hereos Charity and various parents	

APPENDIX 2

PARTNERSHIP SPECIFIC MINIMUM SERVICE REQUIREMENTS – SEPTEMBER 2022

Minimum Service Requirements	Linked KPIs	Matters being addressed & comments for September:
<p>1 To deliver the home to school service during the schools' academic year (although on occasions transport may be required during the school holidays for clubs). This service includes the requirement of wheelchair accessible minibuses that operate with pick-ups and drop offs either at a bus stop or a door to door service. Epileptic and diabetic trained Passenger Assistants are also to be provided (where required) see 6.1.1 above).</p> <p>247</p>	<p>KPI 1 – Written report of Accidents KPI 2 – Specialist Equipment KPI 3 – Maximum journey times primary KPI 4 – Maximum journey times secondary KPI 5 – Pre transport comms KPI 6 – Response for further information relating to safeguarding KPI 7 – Acknowledgment of receipt of complaint KPI 8 – Response of complaint KPI 9 – DBS and training records – quarterly KPI 10 – Immediate notification of GDPR breach KPI 11 – Data Protection training KPI 12 – Onboard incidents notified to Council KPI 14 – Emergency measures to cover business continuity KPI 15 – Comms to stakeholders of foreseen changes KPI 16 – Response times for management information KPI 17 – Response times to invoice queries KPI 18 – Nu of incidents on board a vehicle reported KPI 19 – Number of new applications for home to school KPI 21 – Inability to operate a route KPI 23 – Qualitive and quantitative social value outcomes KPI 24 – Number of passengers per route/service KPI 25 – Number of route changes over a 3 month period KPI 26 – Driver changes within a month KPI 27 – Passenger Assistant changes over a 3 month period</p>	<p>KPI 5 – Whilst self-delivery meet 100% of meet and greets, there was an issue with a couple of sub-contractors. A new procedure is being prepared for next year. Vecteo has raised this with both sub-contractors during contract meetings. Performance is being closely monitored by Vecteo.</p> <p>KPI 26 and 27 – Due to high sickness levels experienced in September the <98% for staff changes was not meet however all routes took place and no journeys were not able to run, due to spare staff and utilising office staff.</p>

<p>2 To provide one Passenger Assistant (PA) per eight seater mini-bus and two PAs for 16 seater minibuses or larger vehicles as a standard requirement for the home to school transport service. However, vehicles of less than eight seats used for home to school, supervised contact and children’s respite care may also require a PA where this is required. Where the PA is accompanying an epileptic service user it is expected that the PA will be trained in being able to administer Buccal Midazolam and other requirements as set out in 7.2 below.</p>	<p>KPI 9 – DBS and training records – quarterly</p>	<p>All Training and DBS records have been supplied and verified.</p>
<p>3 To provide a meet and greet introduction with service users for the home to school provision during the school summer holidays to allow service users and parents/carers familiarisation with the PA/driver and transport as outlined in Appendix C (see also 7.3 below).</p> <p>248</p>	<p>KPI 5 – Pre transport comms</p>	<p>100% self-delivery achieved. One sub-contractor carried out meet, however these were fairly late in the process. Another Sub-contractor, despite repeated chasing, failed to provide 10 meet and greets. This has been addressed during a contractual meeting. Vecteo’s Manager is producing a procedure for next year to be able to gain where there are difficulties with any meet and greets and be pro-active to ensure they take place.</p>
<p>4 To ensure the maximum “end to end journey” time for a service user does not exceed 1 hour for primary school pupils and 1 hour and 15 minutes for secondary school age pupils and adults (which includes walking time to pick-up and drop-off points) where travelling is within the Borough of Southend-on-Sea. The stated times must also take into account the loading and unloading of service users with wheelchairs/mobility scooters (see 7.4 below).</p>	<p>KPI 3 – Maximum journey times primary KPI 4 – Maximum journey times secondary</p>	<p>Random checks have been made for September by an SCC Compliance inspector and also verification has taken place by having access/visibility to Cordic the system that records this information.</p>

<p>5 To deliver the adults with learning disabilities service between Mondays-Fridays 7.30am and 5.30pm all year round except during the bank holidays and Christmas through to the New Year bank holiday. This service includes the requirement of wheelchair accessible minibuses that operate with pick-ups and drops-offs either at a bus stop or a door to door service. Epileptic and diabetic trained Passenger Assistants are also to be provided (where required) – see 6.1.2 above.</p>	<p>KPI 6 – Response for further information relating to safeguarding KPI 7 – Acknowledgment of receipt of complaint KPI 8 – Response of complaint KPI 9 – DBS and training records – quarterly KPI 10 – Immediate notification of GDPR breach KPI 11 – Data Protection training KPI 12 – Onboard incidents notified to Council KPI 14 – Emergency measures to cover business continuity KPI 15 – Comms to stakeholders of foreseen changes KPI 16 – Response times for management information KPI 17 – Response times to invoice queries KPI 18 – Number of incidents on board a vehicle reported KPI 20 – Number of applications for Adults LD KPI 21 – Inability to operate a route KPI 23 – Qualitative and quantitative social value outcomes KPI 24 – Number of passengers per route/service KPI 25 – Number of route changes over a 3 month period KPI 26 – Driver changes within a month KPI 27 – Passenger Assistant changes over a 3 month period</p>	<p>This is not part of the home to school service, but is part of the overall core services.</p> <p>SCC are contract managing this service. It was agreed that after 3 months of continued service improvements a review would take place as to transferring this service to Vecteo Ltd.</p> <p>UPDATE SEPT: This is currently being transferred back to Vecteo to contract manage, due to an improvement with service delivery. Adult Services do not require as much operational administration, therefore this service was preferable to transfer first.</p>
<p>6 To deliver the Supervised Contact service seven days a week between 9.00am and 5.30pm (including bank holidays except Christmas Day) after school or during the school holidays including weekends. This service can vary from a return to and from a child's home or a one-way trip. This service is usually provided by a taxi. However there may be occasions where this involves a number of siblings and the requirement of multiple car seats, so a minibus may be used on occasions (see 6.1.3 above).</p>	<p>KPI 1 – Written report of Accidents KPI 2 – Specialist Equipment KPI 6 – Response for further information relating to safeguarding KPI 7 – Acknowledgment of receipt of complaint KPI 8 – Response of complaint KPI 9 – DBS and training records – quarterly KPI 10 – Immediate notification of GDPR breach KPI 11 – Data Protection training KPI 12 – Onboard incidents notified to Council KPI 14 – Emergency measures to cover business continuity KPI 15 – Comms to stakeholders of foreseen changes KPI 16 – Response times for management information KPI 17 – Response times to invoice queries KPI 18 – Number of incidents on board a vehicle reported KPI 21 – Inability to operate a route KPI 23 – Qualitative and quantitative social value outcomes KPI 24 – Number of passengers per route/service KPI 25 – Number of route changes over a 3 month period KPI 26 – Driver changes within a month KPI 27 – Passenger Assistant changes over a 3 month period</p>	<p>This is not part of the home to school service, but is part of the overall core services.</p> <p>SCC are contract managing this service. It was agreed that after 3 months of continued service improvements a review would take place as to transferring this service to Vecteo Ltd.</p> <p>UPDATE Sept: We will review performance with a view to handing the contract management over to Vecteo in January 2023.</p>

<p>7 To deliver the respite care service Monday-Friday during the school academic year and school holidays. This service can vary from a return to and from the child's home or a one-way trip. These return trips could be spread over a weekend or a couple of days (see 6.1.3 above).</p>	<p>KPI 1 – Written report of accidents KPI 2 – Specialist equipment KPI 6 – Response for further information relating to safeguarding KPI 7 – Acknowledgment of receipt of complaint KPI 8 – Response of complaint KPI 9 – DBS and training records – quarterly KPI 10 – Immediate notification of GDPR breach KPI 11 – Data Protection training KPI 12 – Onboard incidents notified to Council KPI 13 – Processing new applications for LAC KPI 14 – Emergency measures to cover business continuity KPI 15 – Comms to stakeholders of foreseen changes KPI 16 – Response times for management information KPI 17 – Response times to invoice queries KPI 18 – Number of incidents on board a vehicle reported KPI 21 – Inability to operate a route KPI 23 – Qualitive and quantitative social value outcomes KPI 24 – Number of passengers per route/service KPI 25 – Number of route changes over a 3 month period KPI 26 – Driver changes within a month KPI 27 – Passenger Assistant changes over a 3 month period</p>	<p>Vecteo ICT are establishing a complaints email that will automatically send complaints made, via the website to SCC. This will be soft tested in October 22.</p>
<p>8 To manage the bookings for the provision of 'on demand' Dial-a-Ride services Monday to Friday (10.00am-2.30pm) using wheelchair accessible minibuses that operate a door to door service. This service may also require assistance with carrying the service users shopping to the front door of the service user (see 6.1.4 above).</p>	<p>KPI 1 – Written report of Accidents KPI 6 – Response for further information relating to safeguarding KPI 7 – Acknowledgment of receipt of complaint KPI 8 – Response of complaint KPI 9 – DBS and training records – quarterly KPI 10 – Immediate notification of GDPR breach KPI 11 – Data Protection training KPI 12 – Onboard incidents notified to Council KPI 14 – Emergency measures to cover business continuity KPI 15 – Comms to stakeholders of foreseen changes KPI 16 – Response times for management information KPI 21 – Inability to operate a route KPI 22 – Number of new applications KPI 23 – Qualitive and quantitative social value outcomes</p>	<p>Dial-A-Ride is currently in operation and Vecteo are in a position to actively promote this service.</p>

<p>9 The vehicles used in delivery of this service must meet the standards set out 7.5 and 7.6 below and be fully compliant with all relevant Licencing Regulations and Southend Licencing (where applicable) including the use of signs which must also comply with 7.7 below.</p>	<p>No KPI linked to this MSR</p>	<p>All vehicles and licence plates are verified during SCC compliance inspections.</p> <p>SCC Hackney carriage viewed sample vehicles to be used in 2021 to ensure compliance.</p>
<p>10 To ensure all drivers and passenger assistants comply with the requirements set out in 7.8 below.</p>	<p>KPI 1 – Written report of Accidents KPI 10 – Immediate notification of GDPR breach KPI 11 – Data Protection training KPI 12 – Onboard incidents notified to Council</p>	<p>All staff have received the appropriate training and instruction for these areas. This training has been supplied and verified.</p>
<p>11 To ensure all Drivers and Passenger Assistants employed by the Partnership have an enhanced Disclosure Barring Service check before commencement on any service (see 7.9 below).</p>	<p>KPI 9 – DBS and training records – quarterly</p>	<p>All DBS records have been supplied and verified.</p>
<p>12 To ensure all Drivers and Passengers Assistants undertake the necessary training as set out in 7.10 below.</p>	<p>KPI 1 – Written report of accidents KPI 9 – DBS and training records – quarterly KPI 10 – Immediate notification of GDPR breach KPI 11 – Data Protection training KPI 12 – Onboard incidents notified to Council</p>	<p>All staff have received the appropriate training and instruction for these areas. This training has been supplied and verified.</p>

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