



Essex County Council

People and Families Policy and Scrutiny Committee

10:30	Thursday, 15 March 2018	Committee Room 1, County Hall, Chelmsford, CM1 1QH
--------------	------------------------------------	---

For information about the meeting please ask for:

Gemma Bint, Democratic Services Officer

Telephone: 033301 36276

Email: gemma.bint@essex.gov.uk

Pages

Private Pre-Meeting, PAF Members Only

To be held at 9.30am in Committee Room 6, County Hall.

- | | | |
|----------|--|--------------|
| 1 | Membership, Apologies, Substitutions and Declarations of Interest | 5 - 5 |
|----------|--|--------------|

- | | | |
|----------|---|---------------|
| 2 | Minutes
To approve as a correct record the minutes of the meeting held on 08 February 2018. | 6 - 11 |
|----------|---|---------------|

- | | | |
|----------|----------------------------------|--|
| 3 | Questions from the Public | |
|----------|----------------------------------|--|

A period of up to 15 minutes will be allowed for members of the public to ask questions or make representations on any item on the agenda for this meeting.

On arrival, and before the start of the meeting, please register with the Senior Democratic Services Officer.

4 Assessing the implementation of the ECC's domiciliary care charging policy 12 - 23
To consider report (PAF/06/18)

5 Update on the Essex Safeguarding Adults Board 24 - 40
To consider report (PAF/07/18)

It is anticipated that the meeting will adjourn for lunch at approximately 1.15pm and then reconvene at 2pm to hear oral evidence from Victim Support Essex.

6 Work Programme 41 - 43
To consider report (PAF/08/18)

7 Date of Next Meeting
To note that the next Committee activity day is scheduled for Thursday 12 April 2018, which may be a private Committee session, public meeting, briefing, site visit, etc - to be confirmed nearer the time.

8 Urgent Business
To consider any matter which in the opinion of the Chairman should be considered in public by reason of special circumstances (to be specified) as a matter of urgency.

9 Urgent Exempt Business
To consider in private any other matter which in the opinion of the Chairman should be considered by reason of special circumstances (to be specified) as a matter of urgency.

Exempt Items

(During consideration of these items the meeting is not likely to be open to the press and public)

To consider whether the press and public should be excluded from the meeting during consideration of an agenda item on the grounds that it involves the likely disclosure of exempt information as specified in Part I of Schedule 12A of the Local Government Act 1972 or it being confidential for the purposes of Section 100A(2) of that Act.

In each case, Members are asked to decide whether, in all the circumstances, the public interest in maintaining the exemption (and discussing the matter in private) outweighs the public interest in disclosing the information.

Essex County Council and Committees Information

All Council and Committee Meetings are held in public unless the business is exempt in accordance with the requirements of the Local Government Act 1972. If there is exempted business, it will be clearly marked as an Exempt Item on the agenda and members of the public and any representatives of the media will be asked to leave the meeting room for that item.

The agenda is available on the Essex County Council website, <https://www.essex.gov.uk>. From the Home Page, click on 'Your Council', then on 'Meetings and Agendas'. Finally, select the relevant committee from the calendar of meetings.

Attendance at meetings

Most meetings are held at County Hall, Chelmsford, CM1 1LX. A map and directions to County Hall can be found at the following address on the Council's website: <http://www.essex.gov.uk/Your-Council/Local-Government-Essex/Pages/Visit-County-Hall.aspx>

Access to the meeting and reasonable adjustments

County Hall is accessible via ramped access to the building for people with physical disabilities.

The Council Chamber and Committee Rooms are accessible by lift and are located on the first and second floors of County Hall.

Induction loop facilities are available in most Meeting Rooms. Specialist headsets are available from Reception.

With sufficient notice, documents can be made available in alternative formats, for further information about this or about the meeting in general please contact the named officer on the agenda pack or email democratic.services@essex.gov.uk

Audio recording of meetings

Please note that in the interests of improving access to the Council's meetings, a sound recording is made of the public parts of many of the Council's Committees. The Chairman will make an announcement at the start of the meeting if it is being recorded.

If you are unable to attend and wish to see if the recording is available you can visit this link <https://cmis.essexcc.gov.uk/Essexcmis5/CalendarofMeetings> any time after

the meeting starts. Any audio available can be accessed via the 'On air now!' box in the centre of the page, or the links immediately below it.

Should you wish to record the meeting, please contact the officer shown on the agenda front page

Agenda item 1

Committee: People and Families Policy and Scrutiny Committee

Enquiries to: Graham Hughes, Senior Democratic Services Officer

Membership, Apologies, Substitutions and Declarations of Interest

Recommendations:

To note

1. Membership as shown below
2. Apologies and substitutions
3. Declarations of interest to be made by Members in accordance with the Members' Code of Conduct

Membership

(Quorum: 4)

Councillor M Maddocks	Chairman
Councillor J Baker	
Councillor J Chandler	
Councillor B Egan	
Councillor A Erskine	
Councillor J Henry	
Councillor J Lumley	
Councillor P May	
Councillor M McEwen	
Councillor J Moran	
Councillor P Reid	
Councillor C Souter	
Councillor L Wagland	
Councillor A Wood	

Non-elected Members

Richard Carson
Lee Cromwell
Marian Uzzell

Minutes of the meeting of the People and Families Policy and Scrutiny Committee, held in Committee Room 1 County Hall, Chelmsford, CM1 1QH on Thursday, 8 February 2018

Present:

County Councillors:

M Maddocks (Chairman)
J Chandler
J Deakin (substitute) (until 1.58pm)
A Erskine
J Henry
J Lumley
P May
M McEwen
J Moran
P Reid
C Souter
L Wagland

The following officer was present in support of the meeting:
Graham Hughes, Senior Democratic Services Officer

1 Membership, Apologies, Substitutions and Declarations of Interest
The report of the Membership, Apologies, Substitutions and Declarations was received and noted. Apologies for absence had been received from Councillors Baker (for whom Councillor Deakin substituted), Egan and Wood. There were no declarations of interest

2 Minutes
The minutes of the meeting held on 11 January 2018 were approved as a correct record and signed by the Chairman.

3 Questions from the Public
There were no questions from the public

4 Essex Safeguarding Children Board - update

The Committee considered report (PAF/03/18) providing an update on the work of the Essex Safeguarding Children Board. The following joined the meeting to introduce the item and participate in subsequent discussion.

Phil Picton – Independent Chairman, Essex Safeguarding Children Board (ESCB)
Paul Secker, Director, Safeguarding & Quality Assurance (C&F)
Clare Livens, ESCB Child Exploitation Project Manager

Background and structure

Recent legislation had removed the statutory footing for local safeguarding

children boards but still required multi-agency safeguarding arrangements to be in place with the exact structure determined locally. ECC was the lead partner of the current Board structure which worked closely with similar bodies established in Southend & Thurrock. It was stressed that the role of the ESCB was not about operational responsibility for delivering services but about overseeing that partners are properly co-ordinating services and monitoring and evaluating their own work.

Current membership of the ESCB included the Chief Constable, a Director of Nursing representing the Essex Clinical Commissioning Groups, a Director from North East London Foundation Trust (as main provider of Emotional Wellbeing and Mental Health Services in Essex), ECC Director of Children's Services, ECC Director of Education, representative from the provider of the 0-19 contract, representatives from schools, Director of Probation Services and a representative from lower tier councils in Essex.

There were 6FTE and 2 PTE officers (including a comms officer) supporting the work of the safeguarding boards. Partners had been happy to maintain their financial contributions to the work of the Board due to the increasing burden on the board and safeguarding more generally. ESCB is funded more than the adults' board but that was a historical issue. Members suggested seeking sponsorship but this was not usually viewed as a long-term option with many companies not wanting to associate themselves with these issues.

Whilst there was no formal legal prescribed escalation procedure, where the ESCB was struggling to enforce change from a partner it was thought that he would ultimately be able to escalate the matter through the Chief Executive of the partner, Overview and Scrutiny and even to the relevant Government Department.

Context and focus

Whilst the family environment and domestic violence remained an important focus of safeguarding work, many cases had now become more complex (often situated outside the family environment) and Safeguarding had now developed more into a community model to acknowledge that.

One of the key roles for Safeguarding Boards was to ensure good dissemination of information and that professionals were equipped in their early preventative work. The multi-agency approach was now more towards prevention and supporting young people in a wider community and social context. Two of the priorities in the Essex Community Strategy being developed related to safeguarding.

In addition, an increasing gang culture could incorporate drug and criminal exploitation) as well as child sexual exploitation and was being seen in some schools. The Police and Crime Commissioner was developing a specific strategy for gangs although partners also needed to distinguish

where a 'gang' may just be a group of vulnerable people needing help. The youth offending service were leading on developing a framework of gang prevention work and working closely with local authority community safety partnerships and with Essex Police on enforcement activities when it is the right thing to do.

An increasing number of families were being relocated from London Boroughs into Essex.

Child deaths and suicides

Members highlighted that Essex was reported to have the highest domestic homicide rate in the country. However, most cases did not involve children directly although there could be some involvement from safeguarding boards if vulnerable people were involved. Perhaps more significant was to concentrate on minimising domestic abuse.

Child deaths tended to be categorised as expected (life limiting/neo natal) or a not expected lessons learnt exercise through unexpected health issues such as serious harm, suicides, car crashes. The ESCB had been informed of 65 deaths of children during the 2016-17 reporting year. The vast majority of those cases were children born with significant medical needs. All child deaths had a separate review process (after any coroner involvement) to look at any lessons to be learnt. For those under age 4 there was no one clear cause of death but often there are factors behind it which will help to minimise risk in future - e.g. encouraging smoking away from children, safe sleeping etc

There had been an increase in teenage suicides with a significant number in the past year. It was now a national issue about how to support young people and the need to put strategies in place to help them. Further guidance was to be issued by ESCB.

Sexual abuse

Comparing and benchmarking sexual abuse/violence cases data could be difficult. Greater awareness of services can lead to increased reporting and it was difficult to benchmark with other local authorities due to differences in data collection.

There were a relatively low number of people who originated from countries where FGM is practiced but work had been undertaken to raise awareness.

Education

Partner organisations did not automatically have authority to go into the homes of children being educated at home. Partners organisations were

dependent on other people highlighting concerns before any action could be taken.

There was important ongoing work with parents, carers and schools to provide the support for them to spot early signs of abuse and know how and where to report it. Having Mental Health co-ordinators in schools was important but support needed to extend beyond just schools. Guidance on self-harming for schools had been published last year. The restructuring of the Emotional Wellbeing and Mental Health Service for children and young people still had some significant issues around accessibility, referrals and diagnosis times.

Young people who are excluded from school will often be found alternative placements but it was acknowledged that this could be just further concentrating a group of people with vulnerabilities into fewer locations and increase the safeguarding risk.

The increased use of social media made it harder to control negative influences on young people with normalisation of sex talk, sharing of personal photos, and arranging to meet people who they don't know. Through partners the ESCB was looking to empower parents to have conversations with their children and to know where support was for young people.

Missing children

There was a relationship between missing and exploited children with about 30% of those exploited having had a missing episode. Data was collected on children missing more than three times (for three days or more) in 90 day period. At the next safeguarding reference group there would be an item on missing children. The police also now had a dedicated service for this and there was more robust recording of absences.

Champions

ESCB have so far developed approximately 800 CSE trained champions to work within organisations to be someone who staff can go to for advice, information and support and also to disseminate information. There had been a significant take up in primary and secondary schools and the ESCB were looking to extend the scheme to local authorities.

Business Plan - principles.

With the ESCB constituted as the second largest board in the country it was expected that there should be a significant range and depth of experience that should be exploited. However, it was agreed that reference to capitalising on this opportunity in the ESCB Business Plan should not be stated as a principle but rather as an aspiration.

The witnesses were thanked for their attendance and then left the meeting

Thereafter the meeting was adjourned for lunch at 12.20pm and reconvened at 1.30pm.

AFTERNOON SESSION

The following joined the meeting:

Rachel Brett - Director, Essex Council for Voluntary Youth services
Janis Gibson - Chief Executive Officer, Castle Point Association of Voluntary Services

At the invitation of the Chairman, in turn, both witnesses provided some feedback from the educational, clinical and community/voluntary sector in relation to how children's safeguarding is managed and overseen in Essex.

In summary, the system structure seemed to ensure clear levels of support and referrals worked well when professionals were adequately trained to field those situations. The Family Solutions service worked well and was considered to be an invaluable support and social care was very responsive when a serious risk was identified. There were opportunities to seek advice in a more 'informal' manner before deciding on a course of action. The provision of information to guide access to services was generally good but not all professionals were aware of services available in their area.

Communications probably remained the biggest issue with the voluntary sector 'left in the dark' after making a referral as to whether the person was then receiving support as a result or not. It was stressed that there could be opportunities for them to provide support if they knew formal agencies had not taken the case on.

Another major concern was the failure to support families who choose not to engage. The high thresholds for insisting families engage meant that the majority of support work fell with the community and voluntary sector. Whilst social care were considered very responsive to serious risk cases it was felt that there was a substantial void between the service for those and the majority of lower level support work which then often fell onto schools

Whilst the educational sector knew that early intervention works they did not always have the information available to them when they needed it. The resource and time required to participate in the referral process was time consuming and placed further pressure on schools in particular.

Many projects had been established in the voluntary sector to provide mentoring support but there were pressures on them due to high levels of demand.

Often families would step-down from high levels of support to almost none overnight.

As regards structures, there was no longer voluntary sector representation on the ESCB and that was considered to be a 'gap'. The voluntary sector wanted to be more involved particularly at a higher strategic level. It was also thought that the profile of the ESCB could be higher.

It was **agreed** that the issues on communications and voluntary sector representation on the ESCB should be raised with the Independent Chairman of the ESCB.

5 Work Programme

The Committee considered and noted report (PAF/04/18) on the Work Programme.

6 Future meeting dates

The Committee considered and noted report (PAF/04/18). The next meeting of the Committee was scheduled for Thursday 15 March 2018, 9.30am.

7 Urgent Business

There was no urgent business

There being no further business the meeting closed at 2.15pm.

Chairman

		AGENDA ITEM 4
		PAF/06/18
Committee:	People and Families Policy and Scrutiny Committee	
Date:	15 March 2018	
Enquiries to:	Name: Graham Hughes Designation: Senior Democratic Services Officer Contact details: 033301 34574 Graham.hughes@essex.gov.uk	

People and Families Scrutiny Committee

Briefing: Assessing the implementation of the ECC's domiciliary care charging policy

Date: 15 March 2018

Background

ECC provides domiciliary care (support for people living in their own homes) to about 10,000 people, including via Direct Payments. The cost of the services is either fully or partly met by ECC, depending on the financial status of the person.

The basis for charging

The decision on whether or not to charge for Adult Social Care (ASC) services is left to individual local authorities. It has been a long-standing policy of ECC to charge.

Having decided to charge, a local authority must do so in line with statutory guidance published by the Department of Health and Social Care (DHSC) which is updated by means of a Local Authority Circular. ECC charging arrangements operate in line with the guidance, and are audited to ensure compliance and operational effectiveness.

How ECC charges

The framework for charging for Adult Social Care (ASC) support is set out in the statutory Care and Support Guidance (DHSC, 2018). The guidance covers both treatment of income and capital and the identification and correct attribution of DRE.

Adults are assessed on the basis of the individual income and capital net of any housing costs, or tenancy related service charges. Adults must, after charging, be left with their Minimum Income Guarantee (MIG) amount, the MIG varies according to age, and is set by the Secretary of State for Health and Social Care annually. The relevant circular setting out the MIG levels at the time of the changes can be found here: [Social care charging for local authorities: 2017 to 2018 - GOV.UK](#).

[The latest revision to this circular can be found here: Social care charging for local authorities: 2018 to 2019 - GOV.UK](#)

Charging determinations and identification of DREs form part of the wider assessment process used to determine both the correct level of support required by an adult and what, if any, their contribution to the cost of that support should be.

ECC changes to charging for 2017/18

In December 2016, the Cabinet decided to make changes to charging for people who received domiciliary care services:

- Charging people from the date they receive care, and not when the financial assessment is made
- Including capital value of all property owned (other than own home) in the financial assessment
- Align the use of DREs much more closely to the Care & Support Guidance
- Reduce the Maximum Capital Threshold from £27,000 to £23,250
- Reduce the Minimum Income Guarantee for Older People to £189/week in order to align with the statutory minimum (NB. this was not required to be part of the formal Cabinet Decision)

In October 2017, the Cabinet Member for Health and Adult Social Care agreed to assess the implementation of the changes to charging (Cabinet decision FP/574/08/16: Changes to charges for Adult Social Care – December 2016).

This paper presents the findings of a review into the implementation of ECC's domiciliary care charging policy introduced in April 2017.

Review findings (Full review report is at Appendix 1)

Summary

This activity represented a significant change in charging practice. It was aimed at bringing Essex County Council's arrangements into closer alignment with the provisions of the Care and Support Guidance (Department of Health, 2017, updated 2018) this intention was reflected in the Cabinet Decision that mandated the change.

Overall, the implementation of the changes was successful and the measures taken to ensure equity and fairness worked well:

- the policy change has been implemented as stated in the Cabinet Paper
- ECC's arrangements are now in line with that adopted by most Councils
- Governance arrangements (re. consultation about the changes) were compliant and appropriate, as overseen by ECC's Monitoring Officer
- Analysis shows that the impacts anticipated in the Equality Impact Assessment were correct
- How much a person pays is based on their assessed ability to pay, and the formula used to make the determination is statutory, including the treatment of Disability Related Expenditure (DRE)
- 68% of adults continue to pay nothing
- Of those who saw increases, 65% of adults saw increases of less than £20 a week
- Additional revenue generated is expected to be some £10.3m, an increase of £6m on the figure anticipated in the Cabinet Decision
- Additional revenue has resulted from; a/ modelling assumptions were overly conservative, and b/ social care practice issues that were uncovered
- Some issues with processes have been identified and are being addressed as part of our ongoing organisational redesign

Detail

It is now anticipated that the income from charging for domiciliary support for the period April 2017 to March 2018 will be £24.1m, of which £10.3m is thought to be due to the charging changes.

The following table summarises the changes in invoicing by impairment group for those adults receiving support through a managed service at the time the changes came into effect in April 2017:

Average charging increases from 2016/17 to 2017/18	OP	LD	PSI	MH	Totals	Totals
	Service Users	Service Users	Service Users	Service Users	Service Users	% of Service Users
Charge increase £0	931	524	281	61	1797	36%
Charge increase <£20	814	452	156	11	1433	29%
Charge increase £20 - £40	511	162	47	2	722	14%
Charge increase £40 - £60	358	75	21	2	456	9%
Charge increase £60 - £80	206	25	6	0	237	5%
Charge increase £80 - £100	100	21	9	1	131	3%
Charge increase >£100	165	29	8	2	204	4%
Totals	3085	1288	528	79	4980	100%

The new charging arrangements have resulted in 6% more adults (by volume) paying a contribution to the cost of their care. This represents an additional 500 people. These figures are averages and reflect best available data.

Adults have continued to have their eligible needs met and to be left with their minimum level of guaranteed income. ECC will always look again at an assessed charge if someone tells us they can't afford to pay it, or believe that a charge is

incorrect. All such requests are considered by experienced staff and where required a formal social care review will triggered.

Approximately 6,000 calls were received from 1 March 2017 to 31 August 2017, from which about 2,000 service users requested a review of their finances. 224 cases went to Escalation Review Panel and four became Judicial Review threats. To date no formal legal proceedings have been brought against the Council.

Lessons learned

Organisational infrastructure - existing arrangements showed that systems do not routinely collect key data, making monitoring difficult, and they do not allow optimal support for front-line working.

Change management - no formal change management strategy was in place to ensure consideration of the wider impact of the changes on practice and systems.

REPORT ON IMPLEMENTATION OF CHARGING CHANGES REVIEW

The Terms of Reference for this review are attached at **Attachment A**.

Summary Findings

This activity represented a major change in charging practice. It was specifically aimed at increasing revenue from charging by bringing Essex County Council's arrangements into closer alignment with the provisions of the Care and Support Guidance (Department of Health, 2017, updated 2018) this intention was reflected in the Cabinet Decision that mandated the change.

Overall the implementation of the changes was successful and the measures taken to ensure equity and fairness worked reasonably well.

The level of revenue estimated in the Cabinet Paper is substantially lower than that actually being generated.

In summary;

- the policy change has been implemented as stated in the Cabinet Paper;
- there is evidence that while extra resources were made available the implementation of the changes was more challenging than had been anticipated;
- the Equality Impact Assessment correctly identified the impacted groups and there is no evidence to indicate that other groups have been unexpectedly impacted by the policy change;
- the change is projected to generate a greater level of income than stated in the Cabinet Paper the disparity apparently being due to a/ the modelling assumptions used to determine the figure in the Cabinet Decision and b/ to poor practice in this area prior to the change.

More detailed analysis is attached at **Attachment B**.

Lessons learned

Organisational infrastructure

Existing infrastructure arrangements, at both organisational and system level, did not support the change well. In particular existing systems do not routinely collect key data, making monitoring difficult, and they do not effectively support front line working.

The effect of this was to make implementation of the change a/more difficult to achieve, b/to monitor effectively, and, c/ to control appropriately at an operational level.

Change management

At the points of decision and implementation there was no formal change management strategy for Adult Social Care. As a result a number of major initiatives, for example the roll-out of “Good Lives”, and the April 2016 changes to charging, were implemented without a formal change plan designed to ensure full consideration of the wider impact of the changes on practice and systems.

This absence resulted in a lack of an effective support and monitoring structure that could provide a strategic system wide view and support effective risk management. This absence left the project team and front line staff without a clear pathway to address issues as they arose.

Context

The framework for charging

The framework for charging for Adults Social Care (ASC) support is set out in the statutory Care and Support Guidance (Department of Health and Social Care, 2017, updated 2018). The guidance covers both treatment of income and capital and the identification and correct attribution of Disability Related Expenditure (DRE).

Adults are assessed on the basis of their individual income and capital net of any housing costs, or tenancy related service charges. Adults must, after charging, be left with the sum of money known as their Minimum Income Guarantee (MIG) which varies according to age and is set by the Secretary of State for Health on a yearly basis. The relevant circular setting out the MIG levels can be found here: [Social care charging for local authorities: 2017 to 2018 - GOV.UK](#)

Charging determinations and identification of DREs form part of the wider assessment process used to determine both the correct level of support required by an adult and what, if any, their contribution to the cost of that support should be.

Financial impact

It is now anticipated that the income from charging for domiciliary support (including relevant direct payments) for the period April '17 – March '18 will be £24.1m, of which £10.3m is thought to be due to the charging changes.

The table below summarises the changes in invoicing by impairment group for those adults receiving support through a managed service at the time the changes came into effect in April 2017.

It should be noted that this represents the best available data, however it is not possible to say exactly how much of the change in invoices is directly the result of the changes.

Average charging increases from 2016/17 to 2017/18	OP	LD	PSI	MH	Totals	Totals
	Service Users	Service Users	Service Users	Service Users	Service Users	% of Service Users
Charge increase £0	931	524	281	61	1797	36%
Charge increase <£20	814	452	156	11	1433	29%
Charge increase £20 - £40	511	162	47	2	722	14%
Charge increase £40 - £60	358	75	21	2	456	9%
Charge increase £60 - £80	206	25	6	0	237	5%
Charge increase £80 - £100	100	21	9	1	131	3%
Charge increase >£100	165	29	8	2	204	4%
Totals	3085	1288	528	79	4980	100%

The new charging arrangements have resulted in an additional 6% more adults, (by volume), overall paying a contribution to the cost of their care. This represents an additional 500 adults. These figures are averages and reflect best available data.

Enquiries and Complaints

Significantly, we have collated some data which highlights the relatively low impact of the changes in terms of public challenge to the changes. Approximately 6,000 calls (including repeated calls) were received from 1st March '17- 31st August '17 out of which approximately 2,000 service users requested a review of their finances, 224 cases went to Escalation Review Panel by early November '17 and only four became Judicial Review threats. To date no formal legal proceedings have been brought against the Council.

Effect of previous practice on financial impact

Previous practice around charging, and DREs in particular was not robust and it is likely that the true extent of that fragility has only become clear as a result of these changes exposing individual cases. This is seen most clearly in the case of changes to DREs.

Determination of DREs

For expenditure to be a DRE, the adult must have a qualifying benefit and then fulfil the conditions set out in Annex C of the Care and Support Guidance. In essence the expenditure must be:

- Directly related to the adult's disability,
- Necessary, and
- Reasonable.

Some expenditure will be directly related to the adult's disability but will fail on the application of necessity: for example, incontinence pads are not necessary as DREs as the NHS has a responsibility to provide adequate supplies.

Reasonableness is based on the extra cost arising directly attributable to the disability, so clothing is a requirement we all have, but if an adult has higher wear on their clothing due to their impairment, then the DRE will be limited to the amount of that additional cost.

Throughout the implementation of the charging changes it has been clear that our previous practice on DREs was not consistent with approach set out in Annex B and as a result significant reductions in charges and therefore revenue has resulted over a period of years.

Examples of items previously allowed outside Annex C (Statutory Guidance)

The list below sets out some examples of items we have seen that fall outside the scope of Annex C

- Cost of private healthcare (eg BUPA subscription)
- Incontinence pads
- Gardening over and above that required to maintain access to the property
- Hairdressing (including styling, colouring, cutting, others) – hair washing should be in the Care and Support plan as part of the personal care element
- Cost of private dental care
- Standard cost of daily living (eg food, tv licence, cinema tickets, pub, phone line, gym, etc.)
- Funeral Plans
- Personal Trainer
- Physiotherapy, Hydrotherapy, other alternative therapies
- Transfer from and to medical appointments where the NHS has responsibility
- Dietary requirements which are not medically necessary (eg fizzy drinks and treats, eating disorders, etc.)

Expenditure that should have been in the Care and Support plan

Further distorting the position were examples of items that should have been considered as part of the adult's Care and Support Plan and therefore included within their chargeable personal budget. These include;

- Personal Care
- Elective Private Respite Care / Holidays
- Transfer from and to places identified to meet eligible needs (eg Day Centres)

The result of removing these items or correctly reallocating them to the Care and Support plan as appropriate will have had a significant impact on the adult's assessed charge.

Attachment A – Terms of reference for the review

To assess the implementation of the changes to charging set out in the Cabinet Decision in December 2016 against:

- The stated policy intention in the Decision
- The published equality impact assessment
- The anticipated income earned by the changes

Key lines of enquiry

The review will;

- Assess whether the policy intention has been implemented effectively including;
 - Ability of financial assessment and revenue collection systems and social care practice to support the change
- Assess whether;
 - the anticipated impacts set out in the Equality Impact Assessment were correct and if not what unexpected impacts have there been including whether any group(s,) in the scope of the changes, have been disproportionately impacted
 - The mitigations set out in the published equality impact assessment have been robust in practice
- Assess whether;
 - the changes have generated revenue within the range set out in the Cabinet Report
 - If the revenue has been different than anticipated what has led to that outcome

A lessons learned summary should be provided so that continuous learning is facilitated as it is expected that policy changes of this nature will continue to be necessary in the near future.

Line of Enquiry	Findings
Has the policy intention been implemented effectively?	<p>The additional 2017/18 income earned (after bad debt) based on invoices raised to date and future projections are forecast to be £10.3m.</p> <p>No additional income was received before April 2017. The first tranche of invoices for managed services was issued in June 2017. It should be noted that all Direct Payments are made net of any client contribution.</p> <p>Evidence shows that additional resource was budgeted and allocated to deal with the anticipated increased volume. but some issues did arise that are described below.</p> <p>The level and complexity of calls in response to the policy change generated exceptional call volume in March, June and August 2017.</p> <p>New costs for resources requested in the Cabinet Paper have been allocated and no additional requests for further funds have been made.</p>
Assess the ability of financial assessment and revenue collection systems and social care practice to support the change	<p>There is some evidence concerning the number of internal financial referral rejections between Social Workers and Financial Assessment team. This issue existed before the new policy was implemented and seems to have worsened as a result of it and supports the wider conclusion relating to infrastructure.</p> <p>Reasons for rejection included DREs being added to care packages despite them not meeting the updated DRE practice guidance.</p> <p>This led to an increase in the number of rejections following the Financial Assessment stage and an increase in work load due to a revised package being required and subsequent re-review.</p> <p>From the perspective of the Social Worker the opinion is that more could have been done to drive understanding of the new arrangements.</p> <p>The following evidence supports the conclusion relating to change management.</p> <p>In November 2016 the Social Care Income (SCI) Steering Group decided to create the Adults Implementation Group, led by a former DLD, to manage the implementation of the policy change. A decision at SCI was recorded for the need</p>

	<p>for a defined set of points of contact in Adult Operations to sort out where referrals were an issue. It is unclear who those contact points were.</p> <p>There is reference in May 2017 that all work moves to the Directors of Local Delivery from mid-June and indication that there were still issues with “BAU process and practice”. It is believed that with the then DLD leaving and a lack of clarity of future post holders due to the Organisation Redesign that the levels of attention given to the issue were insufficient.</p> <p>In order to reduce the rejection rates a new “assurance” step was eventually introduced in June 2017 where the Practice and Development team would filter the financial referral review before being received by the Financial Assessment Team.</p> <p>There is evidence that the Steering Group were also repeatedly advised about a separate issue relating to the volume of calls from SUs and how the project team was struggling to deal with this at times. It was agreed in May 2017 that the responsibility for dealing with the volume should be with the Quadrants and not the project team. It seems that there were still some process and issues within the Quadrants regarding how and what needed to be done.</p> <p>There is evidence that a number of communication bulletins were produced which included guidance on determining DREs and many team meetings with Adult Operations were attended to present the policy and process change but this did not seem to be effective. From a practitioner perspective there appears to be an opinion of imposed change with insufficient buy in or understanding and support to that change, and more could have been done to educate and support the workforce and understand from their perspective.</p> <p>There is also evidence that the same teams were being affected by numerous policy changes or other initiatives at the same time (e.g. Budget Recovery, Sustainability, Transport, Good Lives) and this could have led to the issues. The turnover of senior management at that time may also have been a contributing factor to a lack of action taken to address certain issues. It also appears that the project team carried the weight of responsibility for the change and subsequent volume of calls; that could have been handled in a more effective way at an earlier stage. suggestions have been made that champions in quadrants or a “practice forum” could have been created. It appears</p>
--	--

	that these may have been suggested but resource not identified.
Assess if the anticipated impacts set out in the EqIA were correct and if not what unexpected impacts have there been on any other group	<p>In consultation with Head of Equalities and Diversity, the nature of impacts were deemed to be correctly stated, across all groups the impact would be a potential increase in their own care costs.</p> <p>The Mosaic system does apply a care grouping category, though different to the Equality Impact Assessment (EqIA) categories, it can be used to determine the type of group that requested that the outcome of the review be escalated further.</p> <p>Analysis of 224 cases who asked for their DREs to be reconsidered showed that 69% were from groups within "Older People" category with 21% are those within "Learning Disability Support" category. From this it can be reasonably concluded that the affected groups were as expected in the EqIA and no unexpected impacts on other groups have been identified.</p>
Assess if the mitigations set out in the EqIA have been robust in practice	<p>The first 2 mitigating actions stated in the EqIA could have been drafted more effectively. So the adverse impact of an increase in SU pay towards care is not mitigated by a public consultation as an example.</p> <p>The final adverse impact addresses the potential hardship that may result and the mitigation refers to the statutory means test being specifically designed to prevent hardship, as it guarantees that no adult will be left with less than their minimum guaranteed income as set out in LAC 2017(1), as well as an offer to increase Social Worker capacity to undertake follow ups on cases of possible hardship.</p> <p>Evidence shows that additional capacity was put in place using staff from the Hub of Independent Practitioners.</p>
Assess if the changes have generated revenue within the range set out in the Cabinet Report	The additional 2017/18 income earned (after bad debt) based on invoices raised to date and future projections are forecast to be £10.3m. This is higher than the figure quoted in the Cabinet Paper.
Assess if the revenue is different to what was anticipated; what has led to this?	The reason for the increase in expected income can be attributed in part to the original model being built on projected income and assumptions built to go alongside the Cabinet Report. In this model there was an assumption that 14% of the income would be reduced as a result of re-reviews and an additional 21% was reduced due to provision for bad debt. In additional practice issues as set out above have played a significant part in the increase in income.

		AGENDA ITEM 5
Update on the Essex Safeguarding Adults Board		PAF/07/18
Committee:	People and Families Policy and Scrutiny Committee	
Date:	15 March 2018	
Enquiries to:	Paul Bedwell Board Manager, Essex Safeguarding Adults Board Contact: paul.bedwell@essex.gov.uk	
Key documents:		
<ul style="list-style-type: none">• ESAB Structure Chart• Annual report 2016/17• Strategic Plan 2017 – 18		
<u>The presentation at scrutiny will cover the following:</u>		
<ol style="list-style-type: none">1. Introduction - Care Act responsibilities and ESAB's structure2. Summary of key areas of work of the Board in 20173. Links between ESAB and Operational Safeguarding4. Board plans for 2018/195. Key Theme – Safeguarding Vulnerable People		
1. <u>Introduction – Care Act Responsibilities and ESAB Structure</u>		
<p>The Essex Safeguarding Adults Board (ESAB) exists as a statutory body established by the Care Act 2014 and has a statutory objective to help and protect adults who have needs for care and support, who are experiencing or at risk of abuse or neglect.</p>		
<p>ESAB has 3 core duties:</p>		
<ul style="list-style-type: none">• it must publish a strategic plan for each financial year that sets how it will meet its main objective and what the members will do to achieve this. The plan must be developed with local community involvement, and the SAB must consult the local Healthwatch organisation. The plan should be evidence based and make use of all available evidence and intelligence from partners to form and develop its plan.• it must publish an annual report detailing what the SAB has done during the year to achieve its main objective and implement its strategic plan, and what each member has done to implement the strategy as well as detailing the findings of any safeguarding adults reviews and subsequent action• it must conduct any safeguarding adults review in accordance with Section 44 of the Act.		
<p>Key function of the Board include:</p>		
<ul style="list-style-type: none">• Communicating to partner agencies and raising awareness of the need to safeguarding and promote the welfare of adults with care and support needs.• Monitoring and evaluating the effectiveness of what is done by partner agencies, individually and collectively, to safeguard and promote the welfare of adults		

- Undertaking reviews and advising partners on lessons to be learned
- Developing Safeguarding Policy and procedures

The role of the Safeguarding Adult Board is to have an independent coordinating and challenge role around safeguarding practice across its partner agencies. This is carried out by the Sub-committees (structure chart [attached](#)) of the ESAB, which focus on:

- Safeguarding Adult Review
- Learning and Development (joint with the Children Board)
- Communications (joint with the Children Board)
- Performance, Audit and Quality Assurance
- Policies, Procedures & Practice Development (working closely with Southend and Thurrock)
- Health Executive Forum (joint with the Children Board)
- District, City and Borough Councils Group (Joint with the Children Board)

Annual report and effectiveness

The ESAB annual report covering work ESAB carried out in 2016–17 is summarised at [Appendix 1](#). The full report is available on the [ESAB website](#)

2. ESAB links to Operational Safeguarding

ECC is primarily represented at ESAB by the Director for Adult Social Care (Nick Presmeg) and the Director for Adult Safeguarding (Fiona Davis). Cllr John Spence is also a member of the Board as Cabinet Member for Health and Adult Social Care and is regularly represented by Councillor Whitbread (deputy lead member).

ESAB links into operational safeguarding in a number of ways including:

- Safeguarding Adult Review activity
- Performance and quality assurance information considered by ESAB's Performance and Quality sub-committee
- Quarterly meetings with Operational Safeguarding leads across partner organisations
- Quarterly meetings with Independent Care providers

Whilst the board has a strategic oversight of Safeguarding activity and practice across the care system in Essex by engaging the partnership arrangements, the operational teams ensure that individuals or organisations referred due to specific concerns are safeguarded by completing Section 42 enquiries wherever this is appropriate and necessary. Concerns come into the department via Adult Social Care Connects. These are then passed to Quadrant Locality Teams to triage and manage if the matter relates to an individual or to our two countywide Organisational Safeguarding teams if the concern relates to a potential organisational failure. .

3. Summary of ESAB work 2017/18

The work of the Board is set out in its 2017/18 [Strategic Plan](#) and summarised below. The effectiveness of this will be reviewed in its annual report that will be published later in 2018.

Strategic Priority 1 - Mental Health

ESAB to be assured that adults in Essex are experiencing safe high quality mental health services

Actions taken to realise this priority include:

- ESAB received assurance in October 2017 about performance of adult mental health services including timeliness of mental health assessments and as well as the availability of tier 3 and 4 beds and their location
- ESAB received a presentation in October 2017 providing assurance that robust Section 136 arrangements are in place providing a safe service meeting legislative requirements. (Section 136 of the Mental Health Act empowers police officers to detain people who appear to be at risk to themselves or others.)

Strategic Priority 2 – Learning and Development

- Professionals are putting into practice findings from relevant case reviews
- Addiction and substance misuse is understood more clearly by non-specialist practitioners

Actions taken to realise this priority include:

- Report on progress by partner agencies with the implementation of action plans from Safeguarding Adult Reviews.
- Action plan from SAR Thematic review discussed at ESAB 5th July 2017. Revised plan developed with actions forwarded to agencies for implementation (September 2017). SAR sub-committee continues to monitor to ensure implementation.
- Plan developed to Improve the understanding of addiction and substance misuse among non-specialist practitioners/professionals. Training pilot to commence in early 2018

Strategic Priority 3 – Audit and Performance

- For ESAB to be sighted on specific strategic risks arising from serious incidents among care providers in Essex
- ESAB to be assured that Making Safeguarding Personal is fully embedded in Essex and as a result that adults with care and support needs, their families and carers (where appropriate) are fully engaged in safeguarding enquiries.
- ESAB are assured that there are robust arrangements in place for the discharge of vulnerable patients from hospital and that these are operating effectively.
- ESAB is assured that there are safe arrangements in place for the transition of services for young people as they move to adulthood (including those who have been sexually exploited) and that these are operating effectively
- ESAB has a clear approach to the prevention of abuse and safeguarding issues, raising awareness among carers of safeguarding and providers of early help
- ESAB is able to gain assurance that the support being provided to carers by its partner agencies is effective and sufficient to enable families to live safely.

Actions taken to realise this priority include:

- Report on trends in care provider incidents are being reviewed by ESAB's Performance and Quality sub-committee.
- ESAB are working with Healthwatch Essex to seek the views of those who have been involved in safeguarding cases. Report to be presented to ESAB in May 2017. Launch event being held on 28th May with senior managers and practitioners to consider next steps
- ESAB to receive presentation in May 2018 to consider the Essex Carers strategy and the support provided to carers by partner agencies
- ESAB support team are working with Healthwatch Carers champions to co-produce materials for raising awareness about adult safeguarding in Essex for informal carers
- Report to be brought to May 2018 ESAB meeting to consider effectiveness of current hospital discharge arrangements

Strategic Priority 4 – Operational Safeguarding

- ESAB to be assured that “Vulnerable People” who do not fit into traditional eligibility criteria and services are safeguarded
- Referrers of safeguarding concerns receive timely and appropriate feedback about the outcome of the safeguarding concerns that they raise.
- ESAB are assured that partner agencies are managing drugs gang related issues effectively including cuckooing

Actions taken to realise this priority include

- Partnership Task and Finish group established to bring together approaches to managing difficult to categorise “vulnerable” people who do not fit into traditional criteria and services. Project brief developed with existing work locally and nationally reviewed. Update proposal developed and commissioning activity commencing with intention of extending the priority through 2018/19.
- Adult Social Care have been reviewing the standard letters that are part of the individual's electronic care record to ensure the structure and content of the letter are fit for purpose. This is work in progress with the plan being that the letters will be available on the practice library and relaunched with staff so they are better used.
- Essex Police to provide ESAB with assurance that partner agencies are managing drugs gang related issues including cuckooing at May Board meeting

Strategic Priority 5

ESAB operates as an effective safeguarding board fulfilling its statutory requirements

Actions taken to achieve this priority include:

Develop the structure, governance and approach of the board to ensure it remains effective.

Develop the role of quadrant working in how the boards delivers its functions

4. ESAB Plans for 2018/19

The ESAB strategic plan 2018/19 will be agreed at the board's next meeting and will include the following areas of work:

Strategic Priority 1: Mental Health

ESAB will receive assurance that the voice of the adults using mental health services is being heard by commissioners and care providers and is being effectively shared with other agencies.

- ESAB will receive assurance that safe services are being provided to all adults using the range of provider services in Essex.
- Robust monitoring of commissioning and compliance arrangements
- Multi-agency working between Essex partners and non-Essex commissioners
- Detailed look at the safeguarding arrangements for adults in private mental health hospitals in Essex

Strategic Priority 2: Temporary Accommodation and Homelessness

ESAB will receive assurance about current work underway to tackle safeguarding related issues around temporary accommodation and homelessness in Essex for adults with needs for care and support including:

- The placement of vulnerable and/or high risk people in Essex with no notification received from London boroughs.
- Increasing numbers of homeless people in Essex presenting with Alcohol and or Mental health issues
- People presenting in crisis as a result of difficulties and delays in obtaining benefits
- Growing role of housing teams in preventing housing issues
- Growing ageing problems of people in sheltered accommodation
- Risks associated with a number of vulnerable adults with differing needs being placed in the same temporary accommodation including secondary impact of homelessness for vulnerable adults leaving prison

Strategic Priority 3: Local Safeguarding Multi-Agency Working

ESAB is assured that governance around operational safeguarding arrangements at a local authority level (City, District and Borough Council) are effective including:

- Mapping the partnership arrangements in each of the local authority areas (Community Safety Partnerships, Community Hubs, Stay Safe groups etc) and particularly how they link and work to safeguard adults in their area
- Assuring ESAB that there are effective multi-agency community crisis

systems in place in local areas to enable agencies to jointly manage urgent crisis cases when they occur.

Strategic Priority 4: Vulnerable People

ESAB is assured that effective partnership arrangements are in place to manage “vulnerable” people who do not fit into single agencies eligibility criteria. Outcomes will include:

- Better outcomes for those falling within the group
- Reduction in the number of agencies that vulnerable people need to approach to access coordinated support
- Reduction in the frequency of agency contact
- Effective prevention strategies to reduce the number of “vulnerable” people falling into crisis

Strategic Priority 5 Board Development

ESAB to ensure that it:

1. Receives assurance that ECC Adult Social Care have established effective Quality Assurance (QA) arrangements for its safeguarding systems including their interface with partner agencies
2. Is fully sighted about actions and learning identified from QA arrangements and assured that it is being implemented and communicated across the partnership.
3. Is assured that partner agencies and ESAB are hearing the voice of adults with care and support needs and feeding them into strategic safeguarding decisions
4. Is assured that preventative strategies have been developed that aim to reduce instances of abuse and neglect in its area

5. Theme: Safeguarding Vulnerable People

Developing partnership approaches to managing difficult to categorise “vulnerable” people who do not fit into agencies eligibility criteria has been identified by ESAB as a key priority area.

Although not a definitive or exhaustive list “vulnerability” characteristics in the context of this project could include (it is likely that people will have more than one of these characteristic)::

- | | |
|--|---------------------------|
| • Homelessness | • Autism |
| • Drugs or Alcohol addiction issues | • Asperger’s |
| • Learning difficulties/mild learning disabilities | • Frequent agency contact |
| | • Mental health |

Project outcomes

Working with partners the outcomes the project will aim to achieve will include:

- Better outcomes for those falling within the project group
- Reduction in the number of agencies that vulnerable people need to approach to

access coordinated support

- Reduction in the frequency of agency contact
- Prevention strategy to reduce the number of “vulnerable” people falling into crisis

Methodology

The project intends to build on and bring together existing development work, including:

- Making Every Adult Matter project looking at adults facing severe multiple disadvantages
- Autism Project looking at how people with autism are falling between current service gaps or finding that traditional services are not geared to meet their specific needs
- Victims of CSE moving into adulthood

along with additional information collection to propose a partnership approach to managing vulnerable people.

Progress

Much of the work to date has been:

- Establishing a task and finish group of key partners and production of a project brief
- Collating information from partners about the scale and the specific concerns for their organisations,
- Considering existing projects underway in Essex that fall within the scope of the project
- Identifying models being used nationally to address the issue.

ESAB has agreed that the project will continue to be a priority for 2018/19 to allow the project to continue to maintain an oversight of projects in Essex addressing this area including monitoring emerging outcomes from pilot work in specific parts of Essex.

Action

ESAB would be interested in views, comments and suggestions from members on the Boards proposed priorities for 2018/19

ESAB Annual Report Summary 2016/17

One of ESAB's statutory duties is to produce an annual report, setting out how it has met its statutory responsibilities and objectives as well as how it has progressed in delivering its strategic plan.

This report meets those requirements as well as:

- Providing a summary of the Board's activities
- Evidencing its effectiveness in assessing and challenging safeguarding proactively across partner agencies
- Setting out some of the challenges that the Board has provided, what it has done to gain assurance in these areas and what further needs to be done

ESAB and Strategic Partnerships

ESAB has developed strong strategic partnerships with its key statutory partners, i.e. Essex County Council, Essex Police and the Essex Clinical Commissioning Groups.

Additionally, it also has membership from:

▪ Essex Fire and Rescue Service	▪ The Police and Crime Commissioners Office
▪ National Probation Service	▪ City, District and Borough Councils
▪ Essex Community Rehabilitation Company	• NHS Commissioners and Providers
• Independent Care Provider Organisations	• Healthwatch Essex
▪ Advocacy Organisations	

Working through its partners, in collaboration with a support team, the Board has delivered on its [Strategic Priorities](#) to ensure that it meets its statutory objective; to help and protect adults with care and support needs from neglect and abuse, by coordinating and ensuring the effectiveness of what each of its members does.

- The Board fulfils its duties through a number of different [Sub-Committees](#) and forums.
- Details of partnership activity completed through Sub-Committees and particularly, how it has met its Strategic Priorities are set out in this report.
- Partners jointly fund ESAB to a total amount of £284,149. A budget summary can be found in the full ESAB [Annual Report](#).

ESAB has been involved in extensive partnership activity throughout 2016 / 17, including specific activity to fulfil our statutory functions i.e. ESAB is currently working with Colchester Community Safety Partnership, to complete a combined Domestic Homicide Review / Safeguarding Adult Review for a case that met the criteria for both types of statutory reviews.

ESAB are also collaborating with Tendring Community Safety Partnership on a Domestic Homicide Review that, although not meeting the criteria for the Safeguarding Adults Review, nevertheless had a clear adult safeguarding focus.

ESAB Impact and Challenge

“It is important that SAB partners feel able to challenge each other and other organisations where it believes that their actions or inactions are increasing the risk of abuse or neglect. This will include commissioners, as well as providers of services.”

(Care and Support Statutory Guidance 2016 section 14.134).

ESAB continued to work to assure itself that local safeguarding arrangements, and partners, act to help and safeguard adults in its area. A fundamental part of the Board's role is to provide sufficient challenge between its members around their safeguarding arrangements. ESAB, through its meetings and a range of other activity, has been able to demonstrate challenge and impact in a number of areas including:

- 1.** Essex Police highlighted to ESAB the potential risk that it may not be possible for Essex to be compliant with the requirements of the Police and Crime Bill in relation to the availability of places of safety outside of police custody suites. ESAB added the issue to its risk register and subsequently gained assurance from Mental Health commissioners that plans were in place to ensure compliance in time for the Bill to be implemented in April 2017.
- 2. Deprivation of Liberty Safeguards (DoLS)** – ESAB have continued to challenge Essex County Council (ECC) on how it is meeting its statutory DoLS requirements. ECC have made regular reports to the Board about how it is working to meet the demands, measures they have put in place to reduce the backlog and how they are dealing with the urgent authorisations. The Health Executive Forum and Performance, Audit and Quality Sub-Committees have continued to review and escalate to the Board where necessary, particularly around the quality of performance data. This escalation and challenge has led to improvements in performance reporting throughout 2016-17.

3. In response to a significant increase in the number of safeguarding concerns being raised in Essex that have not gone on to become Section 42 enquiries, ESAB's Performance and Quality Sub-Committee have challenged both Essex Police and the East of England Ambulance Service to consider if action can be taken to reduce this trend. During 2016, Essex Police commenced a [triage pilot project](#) with Essex Adult Social Care that is beginning to have a positive impact on the issue. The East of England Ambulance Service are also working closely with Essex Social Care and other Eastern region local authorities to make changes to their referral systems and it is expected that the impact of the changes will be seen during 2017/18.

Further examples are set out in the full ESAB [Annual Report 2016/17](#)

STRATEGIC PLAN UPDATE

The priorities in the [ESAB Strategic Plan 2015-17](#) are set out below with a summary of activity that has enabled the Board to demonstrate progress in these areas.

Priority 1: ESAB can gain assurance that adults in Essex are experiencing safe, high quality social care provision	
<ul style="list-style-type: none"> Data provided for the safeguarding board performance report provides information for the Board to regularly scrutinise and challenge safeguarding systems in Essex 	<ul style="list-style-type: none"> Presentations and information provided by County Council commissioners is enabling the Board to gain assurance and the opportunity to challenge around safeguarding risks in the care market in Essex Feedback from the ESAB Care Provider Forum has provided the Board with an operational insight into the delivery of social care provision in residential settings and people's homes

Priority 2: Adults in Essex have access to safe, high quality health service provision in Essex	
<ul style="list-style-type: none"> ESAB received assurance from partners about plans being established to ensure Essex would be compliant with the requirements of the Police and Crime Bill from April 2017 in relation to the availability of places of safety for people detained by the Police under the Mental Health Act The Health Executive Forum monitors an adult safeguarding dataset for all health 	<ul style="list-style-type: none"> Mental Health Crisis Care Concordat – action plans continued to be reviewed and implemented throughout 2017. ESAB also continues to be sighted on the Mental Health Street Triage pilot and the development of the Mental Health Care Commissioning Strategy.

organisations in Southend, Essex and Thurrock	
---	--

Priority 3: Minimise impact of Deprivation of Liberty changes resulting from the Cheshire West Supreme Court judgement

- | | |
|---|--|
| <ul style="list-style-type: none"> ESAB has continued to challenge Essex County Council (ECC) on how it is meeting its statutory DoLS requirements. ECC have made regular reports to the Board about how it is meeting the demands, measures put in place to reduce the backlog and how they are dealing with the high priority cases. | <ul style="list-style-type: none"> Review and update completed of the Southend, Essex and Thurrock MCA / DoLS policy and guidance Continued development of Deprivation of Liberty data to better measure the size, scale and risks associated with the current system challenges in this area. |
|---|--|

Priority 4: ESAB is assured that areas of hidden harm in Essex is being given sufficient priority within its partner agencies and that there are adequate systems in place to measure risk around Honour Based Abuse, Forced Marriage, Female Genital Mutilation, preventing radicalisation of adults and Modern Slavery in Essex

- | | |
|---|---|
| <ul style="list-style-type: none"> Clear governance arrangements agreed for Honour Based Abuse, Forced Marriage and Female Genital Mutilation, as well as Stalking in January 2017. The Southend, Essex and Thurrock (SET) Domestic Abuse Board agreed to extend the scope of its work to include the wider Government definition of domestic abuse that covers these areas. | <ul style="list-style-type: none"> The Health Executive Forum raised awareness within health organisations of the changes in legislation and data reporting requirements for Female Genital Mutilation (FGM) which support the protection of those at risk and improve service provision. ESAB have continued to commission training on Honour Based Abuse and Forced Marriage. |
|---|---|

Priority 5: ESAB is able to assure itself that safeguarding information sharing procedures are established and being used effectively at an operational level

- | | |
|--|--|
| <ul style="list-style-type: none"> Information sharing protocol updated within the revised SET guidelines Overarching Safeguarding Information Sharing Protocol covering adults and children signed off by all ESAB partners | <ul style="list-style-type: none"> The adult safeguarding audit included a specific section on information sharing. Audit responses demonstrated a 95% compliance rate in this area, up 4% from the previous audit in 2014 / 15 enabling ESAB to gain assurance that safeguarding information sharing procedures are established and being used effectively at an operational level |
|--|--|

Priority 6: ESAB is able to assure itself that safeguarding information sharing

procedures are established and being used effectively at an operational level	
<ul style="list-style-type: none"> Continuing work to build on the Local Government Association (LGA) Peer Review in the previous year and subsequent action planning has provided assurance that ESAB continues to fulfil its statutory functions 	<ul style="list-style-type: none"> SET safeguarding guidelines revised, published and communicated through partner agencies in January 2017 Performance reports have been developed allowing the Board to be better sighted on safeguarding themes, trends and risks across the county

SAFEGUARDING ADULT REVIEWS (SARs)

The Care Act 2014 requires Safeguarding Adult Boards to conduct Safeguarding Adult Reviews (SARs) when an adult in its area dies or is seriously harmed as a result of abuse or neglect, whether known or suspected, and there is concern that partner agencies could have worked more effectively to protect the adult. Boards may also carry out SARs in other cases.

During the year, ESAB received eight SAR referrals to consider, resulting in two SARs being commissioned:

ESAB completed a thematic review during the year of the four reviews reporting in 2016-17 (that had been commissioned in previous years), two of which met the statutory criteria and a further two cases that were considered by the Board to provide significant opportunities for learning and improvement but without requiring a SAR.

The report aimed to:

- Summarise the four reviews that have been completed by ESAB since April 2014
- Identify strategic themes and recommendations to be delivered by ESAB and its partner agencies
- Make recommendations for future reviews about the approach to reviewing cases

Findings from these reviews are being incorporated into the 2017-18 learning plans of the Board.

THEMES

Although the four cases have been very different, six clear overarching themes were identified that stretched across them:



The review report brings together a partnership action plan for delivering the actions from all four reviews. The was accepted by the Board in July 2017; its progress will be monitored over the coming months and reported in the 2017-18 ESAB Annual Report.

LEARNING AND DEVELOPMENT

ESAB has a strong focus on learning and development through both the training it commissions to support partner agencies as well as the activity it undertakes to ensure it is able to identify the impact and effectiveness of learning and development activity.

TRAINING COMMISSIONED BY ESAB (OR WITH ESCB)

To support its partner agencies, ESAB commissions a number of training courses covering safeguarding- related subjects that are generally not widely available for agencies to commission for a relatively small number of staff. Further details can be found on the [ESAB website](#). ESAB's training programme is entirely self-financing.

Safeguarding E-learning

ESAB offers an online basic awareness training package consisting of approximately two hours of core study material.

ESAB TRAINING

ESAB commissioned the following courses during 2016/17:

- Deprivation of Liberty Safeguards Basic Awareness
- Designated Safeguarding Adult Leads
- Mental Capacity Act Basic Awareness
- Safeguarding Adults Basic Awareness
- Safeguarding Adults Refresher
- Safeguarding and the Law

- Hoarding
- Safeguarding Adults Training For Trainers (including Refresher)
- Provider Manager

EVALUATION

ESAB uses summative assessment to measure and store feedback from each course that it commissions. Findings from this evaluation include:

<ul style="list-style-type: none"> • All of the courses commissioned by ESAB have received positive feedback scores in terms of their content, delivery and administration • All attendees have been able to demonstrate an increase in their level of confidence around the learning outcomes as a result of the course 	<ul style="list-style-type: none"> • All delegates who completed post-course evaluations have demonstrated continued improvements in their confidence around the learning outcomes as a result of the course • Courses are attended by a broad range of organisations including independent, voluntary and statutory organisations
--	--

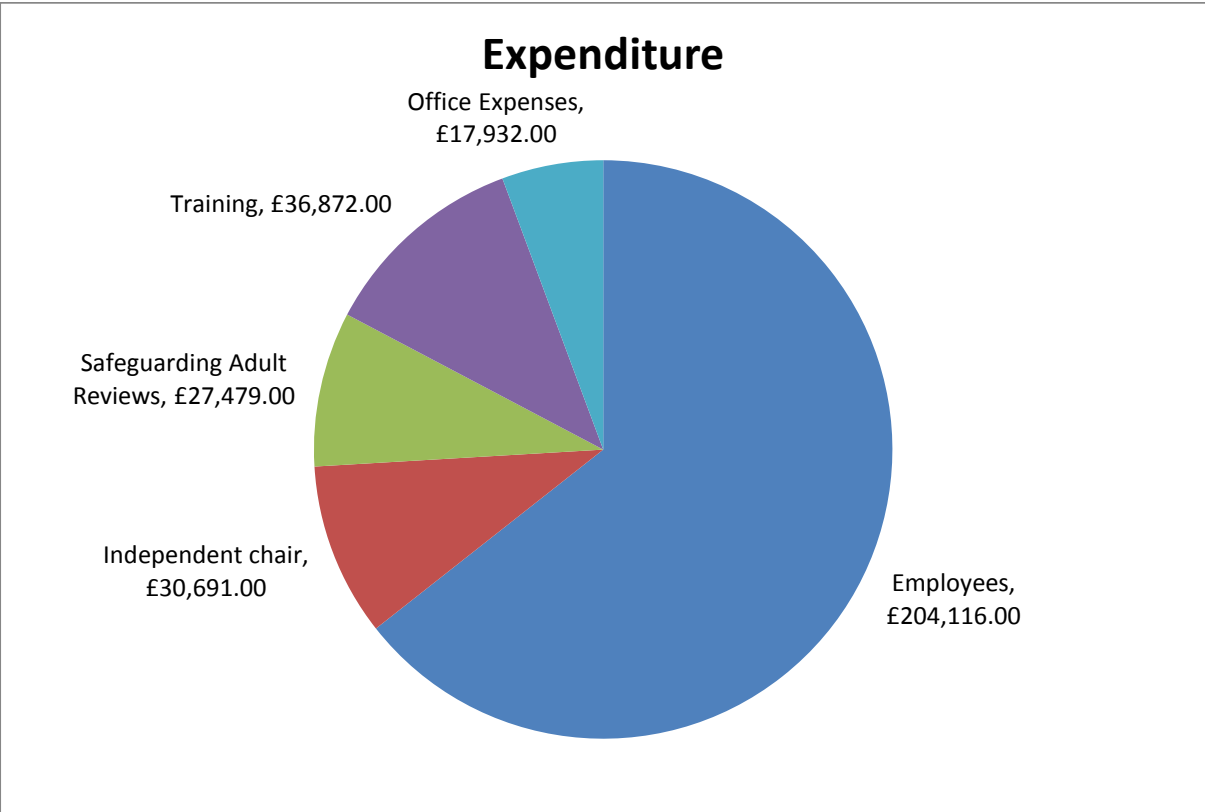
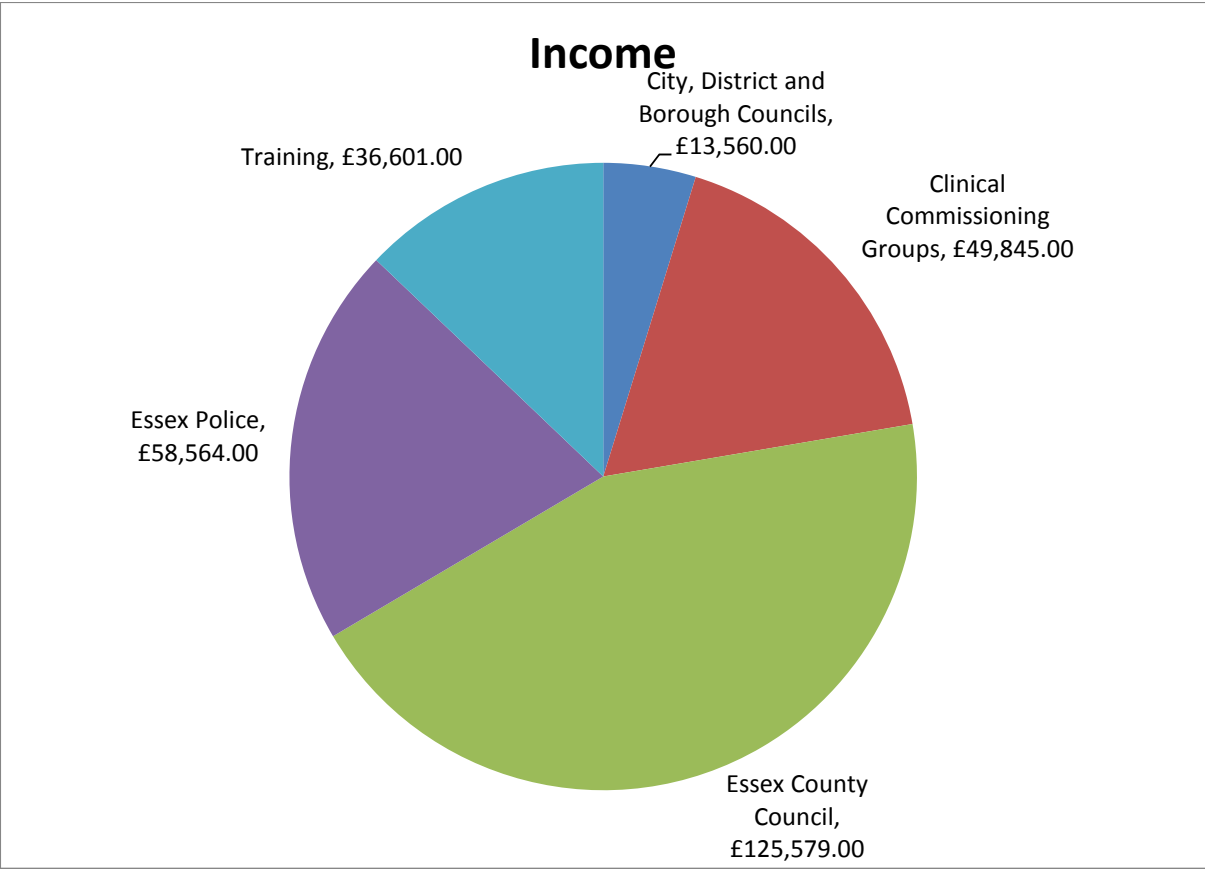
These findings have been incorporated into ESAB's training plan for 2017-18, including actions to continue to ensure current standards are maintained.

ESAB AND ESCB SAFEGUARDING LEARNING & DEVELOPMENT SELF-ASSESSMENT 2016

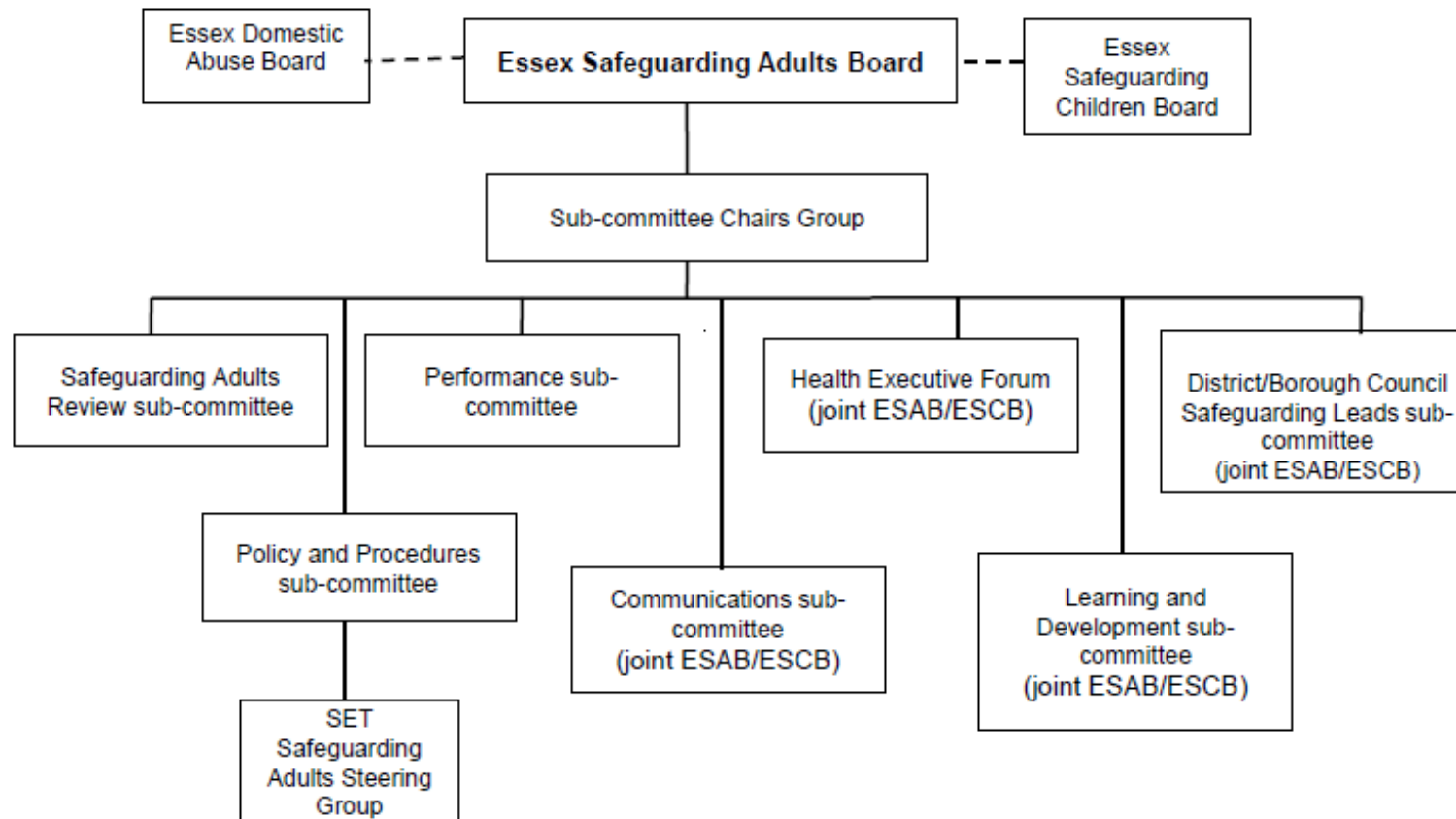
A safeguarding learning & development self-assessment survey was sent out by ESCB and ESAB in September 2016 to its partner organisations. This is an annual self-assessment conducted jointly by the two safeguarding boards, which feed into the joint Learning & Development Sub-Committee.

Key findings are set out in ESAB's full [Annual Report](#).

ESAB INCOME AND EXPENDITURE



ESAB Structure Chart



		AGENDA ITEM 7
		PAF/08/18
Committee:	People and Families Policy and Scrutiny Committee	
Date:	15 March 2018	
Enquiries to:	Name: Graham Hughes Designation: Senior Democratic Services Officer Contact details: 033301 34574 Graham.hughes@essex.gov.uk	

WORK PROGRAMME

Briefings

Further briefings and discussion days will continue to be scheduled on an ongoing basis as identified and required

Task and Finish Group activity

A Joint Task and Finish Group (with the Health Overview Policy and Scrutiny Committee) looking at hip fractures and falls prevention has commenced its review and is scheduled to finish by the end of April.

Chairman and Vice Chairmen meetings

The Chairman and Vice Chairmen meet monthly in between scheduled meetings of the Committee to discuss work planning and meet officers as part of preparation for future items. The Chairman and Vice Chairmen also meet the Cabinet Members for Education, Children & Families, and Health and Adult Social Care on a regular basis

Formal committee activity

Items already programmed to come to full committee are listed in Appendix A.

Action required by Members at this meeting:

To consider this report and any further amendments/additions necessary.

People and Families Policy and Scrutiny Committee: 7 March 2018
Work programme (still subject to further investigation, scoping and evaluation)

Date/timing	Issue/Topic	Focus/other comments	Approach
Items identified for formal scrutiny in full committee			
March 2018	Changes to Charges for Adult Social Care	Review of implementation of decision FP/574/08/16 which has operating since 1 April 2017 (as referred from October 2017 meeting of Full Council)	Initially Cabinet Member to update. Further evidence may be required.
March 2018	Safeguarding - Adults	Review the work of the Adults Safeguarding Board, and future priorities.	(i) Private development session held in October 2017 to understand safeguarding structures and organisations; (ii) Chairman and VCs to meet Independent Chairman of Safeguarding Boards on semi –regular basis; (iii) Formal session to challenge performance and priorities.
April 2018	Educational Attainment	'Old' Committee made recommendations on recruitment, pooling of resources and collaboration, encouraging seamless transition between services, encouraging governor commitment, targeting of pupil premium and aspirational target setting.	(i) Previous committee established this as an annual update. Last update in March 2017; (ii) Preliminary private briefing explaining performance measures before formal meeting; (iii) Formal annual update to challenge performance
May 2018	School Places Planning	Update on refreshed 10 Year Plan and primary and secondary 'Offer day'.	
May/June 2018 - TBC	0-19 Contract with Virgin Care	Review contract performance after a year of operation (KPIs, involvement of CVS etc).	(i) Initial private briefing in May on the rationale and aspirations behind the contract placement (joint with HOSC–PAF leads); (ii) Formal session in June to challenge progress.
September 2018	Safeguarding - Adults	Rescheduled timing to align with Annual Report publication and refreshed business plan	
September 2018	Safeguarding - Children	Rescheduled timing to align with Annual Report publication and refreshed business plan	
October 2018	Young Carers	A new Young Carers Service will be delivered in-house by ECC from 1 April 2018. The Cabinet decision was called-in on but later withdrawn after an informal meeting with the Cabinet Member.	(i) Follow up on scrutiny report and recommendations (ii) Post-implementation review of new service as agreed as part of the withdrawal of the call-in during September 2017
tbc	Residential and Domiciliary Care	Recommendations made by the old Committee on: - recruitment, retention, staff training. - Raising the profile of carers in the community	(i) Follow up on scrutiny report and recommendations (ii) An implementation review with the Cabinet Member had been scheduled for April 2017 but was not held due to imminent County Council elections.

Task and Finish Group review (with Health Overview, Policy and Scrutiny Committee)

October 2017	Hip fractures for over 65s – higher than national average in Essex	Some of the issues discussed have been the incidence and reporting of outside falls, connections with other agencies, information governance and data sharing, comparisons with other areas, GP awareness.	(i) Private briefing held with Public Health(September 2017); (ii) Scoping complete and proposed to focus on the safety, environment and culture of care home/nursing homes; (iv) Submission to HOSC and PAF for endorsement (Jan 18) (v) Task and Finish Group started February 2018
--------------	--	--	--

Issues still under consideration and/or for further evaluation

Ongoing	School Crossing Patrols	The service has a number of issues including wider stakeholder engagement, recruitment and retention	(i) Preliminary briefing in September 2017; (ii) A private briefing was held in December 2017 updating on a review being conducted by the Cabinet Member; (iii) Committee to discuss further with Cabinet Member and scope for any further work by the Committee.
TBC	The Care Market	Care Act duties and market shaping and sufficiency and looking at relationships with providers.	(i) Private development session held in November 2017; (ii) Further briefing on quality improvement initiatives planned for January 2018. (iii) Further review of relationship management, the personalisation agenda and the sustainability care provider workforce being scoped.
TBC	Learning Disabilities	A wide ranging cross-cutting issue – will need detailed focus if go beyond a preliminary briefing.	Private reparatory briefing from ECC officers on structures and issues in October 2017. Follow-up work TBC;
TBC	Disruptive children	Could look at the criteria for access to support services.	Further investigation with key officers necessary before being able to scope any review.
TBC	Gang culture	Identified by Cabinet Member as issue of concern.	Further investigation with key officers necessary before being able to scope any review.