

# People and Families Scrutiny Committee

<b>10:00</b>	<b>Thursday, 16 January 2014</b>	<b>Committee Room 1, County Hall, Chelmsford, Essex</b>
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**Quorum: 4**

## **Membership**

Councillor G Butland  
Councillor A Bayley  
Councillor D Blackwell  
Councillor R Boyce  
Councillor J Chandler  
Councillor R Gadsby  
Councillor T Higgins  
Councillor P Honeywood  
Councillor R Howard  
Councillor N Hume  
Councillor M McEwen  
Councillor M McGeorge  
Councillor C Seagers  
Councillor A Wood

Chairman

## **Non-elected Members**

Richard Carson  
Mark Christmas  
Rev Richard Jordan  
Marian Uzzell

**For information about the meeting please ask for:**

Matthew Waldie , Committee Officer

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Essex County Council

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Please note that an audio recording may be made of the meeting – at the start of the meeting the Chairman will confirm if all or part of the meeting is being recorded.

## Part 1

(During consideration of these items the meeting is likely to be open to the press and public)

		Pages
1	<b>Apologies and Substitution Notices</b> The Committee Officer to report receipt (if any)	
2	<b>Declarations of Interest</b> To note any declarations of interest to be made by Members	
3	<b>Minutes of last meeting</b> To approve the minutes of the meeting dated 5 December 2013.	5 - 10
4	<b>Essex Safeguarding Adults Board</b> To receive and review the Adults, Health & Community Wellbeing Safeguarding Essex Annual Report 2012-13 (PAF/01/14, attached). Stephen Bunford, Senior Consultant Practitioner, Safeguarding Team, Angela Gibson, Head of Adult Safeguarding and Quality Assurance, and Karen Wright, Director for Adult Operations: Safeguarding, Placement & Development, will be in attendance.	11 - 44
5	<b>Ageing Well</b> To review the responses from Cabinet Members to the Report (attached as PAF/02/14) produced by the previous Community and Older People Policy & Scrutiny Committee in April 2013. Implementation review date was October 2013. Cabinet Members' responses report to follow, as PAF/03/14. Officers will be in attendance.	45 - 76
6	<b>Children in Care Task &amp; Finish Group</b> To receive an oral update on the work of the Task & Finish Group.	
7	<b>Urgent Business</b> 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.	
8	<b>Date of Next Meeting</b> To note that the next meeting will be held on Thursday 13 March 2014.	

## 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.

## **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.

**MINUTES OF A MEETING OF THE PEOPLE AND FAMILIES SCRUTINY  
COMMITTEE HELD AT COUNTY HALL, CHELMSFORD, ON THURSDAY 5  
DECEMBER 2013**

County Councillors:

* G Butland (Chairman)	* T Higgins
* S Barker	* P Honeywood
A Bayley	* R Howard
* D Blackwell	* N Hume
* K Bobbin	* M McEwen
R Boyce	M McGeorge
* J Chandler	* C Seagers
* R Gadsby	* A Wood
* K Gibbs	

Non-Elected Voting Members :

* Mr R Carson	Rev R Jordan
Mr M Christmas	Ms M Uzzell

\*present

The following Members were also present:

Councillor J Aldridge ( <i>items 4 &amp; 7</i> )	Councillor D Kendall ( <i>items 4-5</i> )
Councillor A Brown	Councillor V Metcalfe
Councillor P Channer	Councillor A Naylor

The following officers were present in support throughout the meeting:

Robert Fox	Governance Officer
Matthew Waldie	Committee Officer

The meeting opened at 10.00 am.

**1. Apologies and Substitutions**

The Chairman reported the receipt of the following apologies:

<b>Apologies</b>	<b>Substitutes</b>
Cllr A Bayley	Cllr K Gibbs
Cllr R Boyce	Cllr S Barker
Cllr M McGeorge	Cllr K Bobbin
Mr M Christmas	--
Rev R Jordan	--

**2. Declarations of Interest**

There were none.

**3. Minutes**

The minutes of the People and Families Scrutiny Committee meetings of 12 September and 14 November 2013 were approved and signed by the Chairman.

#### 4. Home to School Transport Consultation

Members received report PAF/13/13, which set out several options being proposed in the wake of the recent Home to School Transport consultation. Councillor Ray Gooding, Cabinet Member for Education and Lifelong Learning, Tim Coulson, Director for Commissioning: Education and Lifelong Learning, and Emma Toublic, Head of Transport & Awards, were in attendance.

Members noted that these proposals were being prepared for consideration and approval by Cabinet and the intention today was for Members to be given the opportunity to indicate any pointers they thought would be useful. The Chairman pointed out that, with the Christmas break imminent, there might be potential timing issues here, if Members had concerns they felt needed to be addressed. The Cabinet Member confirmed that the intention was to have this in place before the next round of negotiations.

Members expressed their views, sought answers to concerns and made suggestions:

- Having noted the intended bulk purchase for the Over-16s, Ms Toublic agreed that the same should be considered for the Under-16s
- In response to a concern expressed, that the removal of transport from Over-16s might result in their withdrawal from education, Ms Toublic pointed out that although originally the intention was to remove it entirely, some entitlement criteria would remain. Currently, about 30% of children pay the £550
- Members expressed a concern that assistance might be withdrawn from children from low income families who had succeeded in getting a place at a selective school. Ms Toublic confirmed that this situation is being reviewed
- As regards the phasing in of reduced fares with the imminent raised school leaving age, it was pointed out that the bus companies could pick any age they wished for concessionary rates; and the Government had made no provision for school leavers. It was noted that Essex had a bulk purchasing sachem in place, which students could use
- The “exceptional circumstance” referred to in the fourth bullet point of the Overview (Page 14 of 80) would be something like cases of domestic violence or a severe medical condition within the family
- The option of using “nearest school” instead of catchment raised concerns over possible scenarios, eg when the nearest school was of an inappropriate faith, or had a poor Ofsted rating, or was oversubscribed. These seemed to be at odds with the principle of parental choice. Ms Toublic pointed out that “nearest school” was government policy and permitting schools to set their own catchment areas exposed Essex to financial risk, where these were different to the catchment areas used by the County Council. She noted the points made and confirmed that Essex was considering these different scenarios and options

- As a principle, it was suggested that the Local Authority should not be doing anything to prevent children from attending the most suitable school for them
- The Cabinet Member's view was that Government had always lagged behind the County with regard to these issues and he suggested that Essex as a Local Authority should be lobbying them about this, seeking legislation and some financial help in this area.

There being no further comments, the Chairman confirmed that the Committee noted the Report and asked the Cabinet Member to consider the points raised by Members. He added a request for earlier submission of any future proposals.

## **5. Youth Service Redesign**

Members received report PAF/14/13, which provides some early responses to the recent consultation on the Youth Service and an update on the emerging operational model. Councillor Ray Gooding, Cabinet Member for Education and Lifelong Learning, Tim Coulson, Director for Commissioning: Education and Lifelong Learning, and Mike O'Brien, Head of Commissioning, Essex Youth Service, were in attendance.

The Cabinet Member pointed out that the Youth Service needed both to reduce expenditure and to do things more efficiently. The general response to the consultation had been strong, and particularly so from young people themselves, many of whom had made helpful and constructive comments.

The Chairman once again pointed out that there were timing issues as far as the Scrutiny process was concerned. He then invited comments from Members.

It was suggested that in some instances effective youth work can have a dramatic effect on young people, turning them away from potential damaging lifestyles and choices. Seen in these terms, reducing workers was a false economy, leading to other problems that would need to be addressed later on. Another Member agreed, referring to schemes specifically mentioned in the paper, such as the Duke of Edinburgh, which could have similarly positive impacts on young people.

The Cabinet Member pointed out that he was reconsidering the level of cuts and this was reflected in the paper. He added that he was keen to develop these schemes, such as the DofE, and they were exploring ways of doing this.

In response to a Member's enquiry whether any other service had seen such extensive cuts (if brought down to £2m, from the £12million of a few years ago, that would see an 83% reduction), the Cabinet Member pointed out that this was a redesign and the reduction in funding would not necessarily mean the removal of the service.

The dedication of those working within the service was acknowledged and it was important to protect it. Another Member emphasised the point out that although

it was good to see the excellent work carried out by the many people volunteering to work with young people, professional input was vital.

The Cabinet Member pointed out they were looking to coalesce funding, doing away with some silos that had built up and so achieving more with less funding. He intended to increase the importance of the Youth Strategy Groups. There were 12 districts in the County, each with its unique set of problems and needs. The YSGs would be encouraged to do more, not in the delivery, but in providing the necessary local knowledge.

In response to one Member's question, whether the YSGs had the most appropriate membership – given that many County Councillors for example were a generation or two older than the YSGs' target groups – Mr O'Brien confirmed that they were actively encouraging young people themselves to provide input to these groups.

The Chairman allowed a question from the public gallery, seeking clarification on how much of the funding would be allocated to the YSGs. In response, the Cabinet Member pointed out that it was not possible to say at this stage, as not only were the overall figures not confirmed, but neither had the means of allocating to the groups been established.

There being no further comments, the Chairman confirmed that the Committee noted the Report and asked the Cabinet Member to consider the points raised by Members. He repeated his request for earlier submission of any future proposals.

## **6. Special Educational Needs & Disability**

Members received the latest draft of the *Strategy for Children and Young People with Special Educational Needs and Disability 2014-19* (PAF/15/13). Councillor Ray Gooding, Cabinet Member for Education and Lifelong Learning, Tim Coulson, Director for Commissioning: Education and Lifelong Learning, and Karen Jones, SEN Project Manager, Schools, Children and Families, were in attendance.

Councillor Higgins, as Chairman of the Task & Finish Group, noted that it had been set up to consider this, in order to ensure that Members be informed as early as possible, so that they can be given a full opportunity to provide input on the development of strategy.

Ms Jones drew Members' attention to the summary on page 54 of 80, and to the intention to set up a SEND Strategy Group, with representation from a wide range of interested parties.

It was suggested that the statistics provided in the paper should be reproduced in tabular form, for clarity, when it goes before Cabinet.

The Committee noted and endorsed the paper and proposed that the Task & Finish Group remain, to monitor implementation.



## **7. Essex Sensory Service Review**

Members received report PAF/16/13, the latest Essex Sensory Service Review. Councillor John Aldridge, Cabinet Member for Adults Social Care, and Peter Tempest, Executive Director for Adult Operations, were in attendance.

Mr Tempest confirmed that they were trying to find new ways of working with the organisations used by the County Council. No solution was forthcoming as yet; the project was behind schedule, as there was a continuing commercial dialogue with Essex Cares, and the consultation has continued till 12 December, which has led to some slippage. The new timetable was set out on page 73 of the meeting paper.

In response to the observation that there seemed to be little commissioning, as only Essex Works was being used, Mr Tempest pointed out that Essex Cares was the end user at present but there were other parties involved.

Noting the two options of either the joint venture or prime provider approach, the Cabinet Member pointed out that whichever model was chosen, it must be acceptable to all parties. He agreed with the feedback given by the Chairman, that all providers must be tested, and added that there were commercial issues here, which constrained him at present.

The Chairman noted the changes to the timetable and asked that the Committee receive a written report on progress being made during 2014.

## **8. Scrutiny Recommendations Tracker and Work Programme 2013-14**

Members received and noted report PAF/17/13, the latest Tracker and Work Programme.

A scoping document for the Children in Care Task & Finish Group was tabled. Members' attention was drawn to the terms of reference, which referred specifically to leaving care services; it was noted that the sexual exploitation element would not be considered for the moment. The Committee endorsed the terms of reference.

## **9. Date of next meeting**

The Committee noted the date of the next meeting: Thursday 16 January 2014, Committee Room 1, at 10.00 am.

## **10. Exclusion of the Press and Public**

### **Resolved:**

That, having reached the view that the public interest in maintaining the exemption (and discussing the matter in private) outweighed the public interest in disclosing the information, the public (including the press) be excluded from the meeting during consideration of the following item of business on the grounds

that it involved the likely disclosure of exempt information as specified in paragraph 2 of Part 1 of Schedule 12A of the Local Government Act 1972.

**11. Update on Case relating to Essex Social Services**

(Exempt under paragraph 2 – information which is likely to reveal the identity of an individual)

Councillor Dick Madden, Cabinet Member for Children and Families, gave an update on a recent case involving an Italian national whose baby had been offered for adoption by Essex Social Services.

The meeting closed at 3.51 pm.

Chairman

		AGENDA ITEM 4
		PAF/01/14
Committee:	People and Families Scrutiny Committee	
Date:	16 January 2013	
<u>Annual Report of Adults Safeguarding Board</u>		
Enquiries to:	Sam Crawford Operational Team Manager Safeguarding Essex 01245 430213 <a href="mailto:samuel.crawford@essex.gov.uk">samuel.crawford@essex.gov.uk</a>	

**Purpose of the Paper:**

To receive and review the Adults, Health & Community Wellbeing Safeguarding Essex Annual Report, 2012-2013.





For a better quality of life

**Adults, Health & Community Wellbeing**

**Safeguarding Essex Annual Report**

**2012-2013**

**Author: Stephen Bunford, Safeguarding Essex**

Completed on Date:  
April  
2013

R

Review Date: April 2014

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## **FORWARD**

Essex County Council is committed across all directorates to the safeguarding of both children and vulnerable adults, and this year has seen a much more collaborative approach to safeguarding across the whole organisation. It has also been encouraging to see much closer working with colleagues in Health on safeguarding matters, and the wider use of independent advocacy in institutional safeguarding cases.

Winterbourne View and the shocking revelations highlighted by the BBC television programme raised the public's awareness about the need to be more vigilant about those

we trust to care the most vulnerable in our society. Essex, like all local authorities, has seen an 11% increase in safeguarding referrals which indicates that the public, service users and carers are more informed and less tolerant of poor care or abusive practices that place people at risk.

It is encouraging that the Government's agenda includes legislation that takes into account the safeguarding issues that local authorities, such as Essex, have raised. As a consequence there has been much discussion about issues such as self-neglect and self-harm, powers of entry, human smuggling and trafficking, forced marriage and female genital mutilation – all pertinent and relevant issues.

Whilst this report is about the activity of safeguarding Essex it does reflect the commitment of the organisation as a whole to safeguarding the most vulnerable in our society.

Karen Wright  
Director Safeguards, Practice and Development

## INTRODUCTION

Safeguarding Essex has been pleased to be involved in national as well as local projects during 2012-13, such as being involved in the revision of Research in Practice for Adults' *Safety Matters* handbook and their Mental Capacity Act guide. On a local level we were pleased to be part of Essex Police's pilot on sharing all safeguarding concerns to see if there was a degree of criminality that needed investigating and help with their new Athena database. We have also been developing closer links with our colleagues in Children's Services and Health and seeking to ensure that various policies and guidelines work alongside each other.

Safeguarding Essex were runners up in the Great British Care Awards team of the year 2012 and we saw this as recognition not just of the team's work but of the commitment towards safeguarding by the whole of the Essex County Council.

Safeguarding Essex constantly strives to make the safeguarding process for adults as open and transparent as possible, and have welcomed the contract with Advocacy Essex Services as this has meant that an advocate is part of the core group when dealing with major institutional safeguarding cases. This has ensured that the decision making process has been held accountable at every stage of the process.

Abuse will always occur, there will always be risk but we feel that the commitment of Essex County Council towards the safeguarding of children and adults means that the people of Essex are not only more aware about abuse but also not willing to stand by and ignore it, and what is more they expect us to act upon their concerns.

Stephen Bunford  
Operational Service Manager  
Safeguarding Essex

## Glossary

AH&CW	Adult Health and Community Wellbeing
BEM	Black and ethnic minority
BIAs	Best Interest Assessors
CCG	Clinical Commissioning Groups (replacing the PCTs)
CQC	Care Quality Commission
DoLS	Deprivation of Liberty safeguards
ECC	Essex County Council
ESAB	Essex Safeguarding Adults Board
ESCD	Essex Social Care Direct
GP	General Practitioner
IMCA	Independent Mental Capacity Advocate
LADO	Local Authority Designated Officer
MCA	Mental Capacity Act
MH	Mental Health
PCT	Primary Care Trust
QI team	Quality Improvement team
SAFE	Safeguarding Adults from Exploitation
SET	Southend, Essex and Thurrock
SETSAF	Safeguards referral form

## PART 1 – Activity in 2012-2013

### 1 Winterbourne View and private hospitals

1.1 The BBC television programme on Winterbourne View was truly shocking and distressing, and provoked a lot of discussion about the provision of such services not only nationally but also locally. Essex County Council immediately reviewed all the service users that it had placed in homes managed and run by Castlebeck, the owners of Winterbourne View.

1.2 Safeguarding Essex has worked very closely with such providers in Essex for several years and has built up a good working relationship which has proven to be both open and transparent. Many of these services in Essex already had open and robust safeguarding systems in place, with strong links not only with Safeguarding Essex but also with partner agencies including the Police.



1.3 In view of the national concerns after the Winterbourne investigations and reports, Safeguarding Essex arranged for, and supported, Councillor Aldridge in visiting providers offering equivalent services in Essex, to see how the positive relationships between Safeguarding Essex and these services were working. Councillor Aldridge spent time with clinicians and patients, and was given tours of the services.

1.4 Safeguarding Essex developed, and facilitated a half day conference on the response to the Winterbourne report, attended by representatives from many of the providers of these services in Essex. The conference focused on maintaining a positive and open approach to joint working and sharing best practice. Specialist speakers from the Police and mental health trusts gave talks followed by group work sessions involving case discussions based on actual cases. The workshop enabled different providers to network with each other and share good practice ideas.

1.5 Feedback from the conference has been very positive, and has led to plans being developed to offer further workshops for this provider group to build on the existing safeguard reporting and good practice that exists.

1.6 Further work with the Police and private hospital providers has led to the development of a protocol for reporting to Police from within these services, and which outlines the police role and what to expect from them. This is part of the on-going process to create a system that meets the requirements of all agencies alongside protecting the rights of people within these services; this can then be rolled out to similar providers elsewhere in the county.

## **2 Mental Capacity Act Deprivation of Liberty Safeguards**

2.1 In terms of the volume of work the level of Deprivation of Liberty Safeguards (DoLS) assessments has remained at the same level this year compared to last year (146 this year compared to 150 last year). The figures for DoLS, both in terms of authorisations granted or declined are very similar to the previous year, with a very small margin of authorisations granted, compared to last year (69 this year compared to 76 last year). The data indicates that currently we have almost a 50% split in the number of authorisations granted as opposed to being declined. We credit this consistency to our approach with the care homes in terms of information, advice and training.

2.2 Over the past three years the impact of case law, especially cases such as Cheshire West and Chester council v P (2011), London Borough of Hillingdon v Neary and Anor (2011) and C v Blackburn with Darwen BC and others (2011) has been strongly felt when it comes to taking into account new factors which loosen the definition of what may constitute a deprivation of liberty in residential and nursing homes settings only. Whilst the DoLS figures in residential and nursing home settings have been going down, it is interesting to note that detention under DoLS in psychiatric settings has been going up. This is a very noticeable trend for Essex, which will be a challenge for the new DoLS structure coming into force in April 2013.

2.3 With the abolition of the Primary Care Trusts (PCTs) at the end of March 2013 the legal responsibility for DoLS in a health setting (i.e. hospital) will fall to the local authority. This will mean a dramatic increase in the workload of the MCA/DoLS Service. Safeguarding Essex has been working closely with our colleagues in Health and Workforce Commissioning to prepare for this transfer of responsibility.

### **3 SAFE team**

3.1 During 2012-2013 the SAFE team supported locality teams across Essex with the management of more than 40 major institutional safeguards. These have varied greatly in terms of complexity and time and resources required to investigate in order to bring cases to a conclusion. In some instances SAFE has supported locality teams by taking on some service user reviews that are required as a result of a safeguarding investigation. SAFE also visits services at the request of locality teams to gather information and provide in depth reports, to support safeguarding strategy meetings.

3.2 In some complex cases SAFE has taken on full responsibility for the management and coordination of the institutional safeguards on behalf of locality teams. One such case was a large care home in Mid Essex where the locality team had received a number of safeguard alerts in a short space of time. SAFE were involved for three months overseeing all the safeguard investigations, working closely with the care home owner and managers, involving colleagues from ECC's Commercial and QI teams, PCT colleagues and Police. All service users were reviewed or offered assessments of need. SAFE managed all contact with relatives and chaired a number of safeguarding strategy meetings. This was a complex and resource intensive piece of work and SAFE and relieved pressure on the locality team in enabling them to concentrate their own resources on day to day operations.

3.3 SAFE also support teams with complex pieces of work that may require a lot of time and effort to resolve and again reduce pressure on local teams. An example of such a case was the work undertaken by SAFE with an unregistered care home in south Essex. SAFE worked with the CQC, families and advocacy to ensure positive outcomes for the self-funding residents of this home.

3.4 SAFE has also been looking at expanding their remit to cover domiciliary care agencies as well as residential care homes.

### **4 Notifiable Occupations Scheme**

4.1 The Notifiable Occupations Scheme relates to professions or occupations which carry special trust or responsibility, in which the public interest in the disclosure of conviction and other information by the police generally outweighs the normal duty of confidentiality owed to the individual.

4.2 While there is no statutory requirement for the police to share conviction or other information about individuals with third parties, other than in the context of Criminal Records Bureau (CRB), there is a common law power for the police to share information for the purpose of the prevention and detection of crime (each case being considered in its own individual circumstances).

4.3 The general position is that the police should maintain the confidentiality of personal information, but legal opinion supports the view that in cases invoking substantial public interest considerations a presumption to disclose conviction and other information to relevant parties, unless there are exceptional reasons not to do so, is considered lawful. Areas in which it is considered there are likely to be substantial public interest considerations include the protection of the vulnerable, including children.

4.4 Sharing of information within these areas falls within the policing purposes set out at section 2.2.2 of the Code of Practice on the Management of Police Information. Nearly all the occupations involved in the scheme are subject to pre-employment checks at the CRB Standard or Enhanced Disclosure level or via another checking regime.

4.5 Safeguarding Essex receives such notifications from the Police if the person they have arrested is in an occupation that carries special trust or responsibility – such as a carer, a nurse, a social worker or a teacher. The person is then written to by Safeguarding Essex advising them that we have been made aware of their arrest and they are advised to tell their employer as we will be notifying their employer within a certain number of days. This puts the initial onus on the individual and does not breach their human rights. The Police keep Safeguarding Essex updated on the case, such as when it goes to Court and the outcome of the Court case. It is up to the employer to then undertake a risk assessment.

4.6 An example of the value of this scheme is a case where a health professional had been arrested on charges of rape of a minor but was still at work. The worker had not, and did not, tell their employers so was still a risk to those they worked with. Safeguarding Essex shared the information with the employer and the worker was suspended and later dismissed – not because of what they were arrested for but for breaching their employer's code of conduct. By telling the employer the risk to others was reduced.

## **5 Peer reviews**

5.1 Safeguarding Essex has worked with our colleagues in Kent County Council and was commissioned by them to undertake a peer review of their safeguarding service. The peer review team consisted of members of Safeguarding Essex, independent advocacy, the Essex Safeguarding Adults Board and an Essex county councillor. The outcome of the review was shared with senior members of Kent County Council and was well received.

5.2 Safeguarding Essex were also part of the team that was put together by the Essex Safeguarding Adults Board when it was commissioned to undertake a peer review of the safeguarding service of West Essex PCT.

5.3 Several members of Safeguarding Essex are now accredited peer reviewers having undertaken the training provided by the Local Government Association.

## **6 Jersey**

6.1 In 2011, two Safeguarding Consultant Practitioners from Safeguarding Essex provided support to Jersey's Health and Social Care Services in developing their own safeguarding adult's policies and procedures. This included a two day conference delivered in Jersey to professional and voluntary organisations.

In August 2012, Jersey's Adult Safeguards Lead visited Safeguarding Essex and spent a week with Safeguarding Essex to further develop their knowledge. This included direct observations of complex safeguards meetings, risk enablement board, time with SAFE, BIA's, Locality Teams undertaking safeguarding investigations, Essex Guardians and Internal Audit.

6.2 This year Jersey established its Safeguarding Adults Board with an independent chair and implemented a four-stage safeguarding process similar to the one we use in Essex. Their safeguarding adult's policy has been revised and they are working closer with the Police. Essex is pleased to have been able to help Jersey and Safeguarding Essex has continued to be a 'critical friend' to Jersey, providing regular advice and information.

## **7 Advocacy in institutional safeguarding cases**

7.1 Safeguarding Essex is committed to making safeguarding as open and transparent as possible and ensuring that the voice of the service user is always heard. In institutional cases it is not possible to have individual service users or their representatives present due to the sheer numbers involved, therefore a contract with Advocacy Essex Services (AES) has been entered into. An independent advocate is therefore always engaged in major institutional safeguarding cases to ensure that the voice of the service user is heard and that those making decisions are held to account. The independent advocate is present at all the safeguarding meetings and is an equal member of the decision making group.

## **8 Cyber abuse**

8.1 Safeguarding Essex have been working with partner organisations and authorities in the Eastern Region on a project considering the risks involved for vulnerable adults in relation to Internet and online services. The aim of the project is to eventually develop a search engine that can aid the user in managing their own internet safety and to also assist professionals and families who are providing support to vulnerable adults.

8.2 The aims are to:

- To provide accessible online guidance in relation to the below key topic areas

- To provide downloadable resources that will be available online in relation the below key topic areas
- To provide reminder toolkits (Stop, Think, Click) that will support people to recognise danger and promote self-advocacy for managing the risks.
- To develop a learning programme that can be used with Vulnerable Adult Groups, by staff in health or social care or by families.
- A clear reporting process for when issues are faced relating to online safety.  
Awareness raising / empowerment

8.3 The project is still in the development stage and further research with vulnerable service users is required in order to ensure we are aware of all areas of risk such Online Fraud, ID Theft, Social Networking, Online Dating, Finances, instant messaging etc. Once this has been identified, development of programmes and training awareness will be delivered. Unfortunately Suffolk University's first bid for funding has been rejected. In the meantime, smaller scale research is being identified and undertaken whilst further bid applications made.

8.4 Locally, Be Safer, Essex Police and Safeguarding Essex have been trialling sessions in Southend and Rayleigh around internet safety for small groups of people with a learning disability who use the internet, Facebook and other social media sites. This will be able to inform the wider scale project.

8.5 In the coming year it is intended to link the work that is being done regarding vulnerable adults with that being done for children and young people.

## **9 Human smuggling and trafficking**

9.1 It is important to understand the difference between persons who are smuggled and those who are trafficked; in some cases the distinction between a smuggled and trafficked person will be blurred and both definitions could easily be applied. It is important to examine the end situation when the victim is recovered to determine whether someone has been smuggled or trafficked.

9.2 A number of factors help distinguish between smuggling and trafficking:

- Smuggling is characterised by illegal entry only and international movement only, either secretly or by deception (whether for profit or otherwise);
- Smuggling is a voluntary act and there is no further exploitation by the smugglers once they reach their destination;
- There is normally little coercion/violence involved or required from those assisting in the smuggling.

9.3 Smuggling is normally defined as the facilitation of entry to the UK either secretly or by deception (whether for profit or otherwise). The immigrants concerned are normally

complicit in the offence so that they can remain in the UK illegally. There is normally little coercion/violence involved or required from those assisting in the smuggling.

9.4 Trafficking involves the transportation of persons in the UK in order to exploit them by the use of force, violence, deception, intimidation or coercion. The form of exploitation includes commercial sexual and bonded labour exploitation. The persons who are trafficked have little choice in what happens to them and usually suffer abuse due to the threats and use of violence against them and/or their family.

9.5 In Essex we are conscious that there are several points of access to the country, or access points nearby, such as Stansted, Felixstowe and Harwich and whilst the issue has not yet emerged as one for us it is something that we need to be aware of and work closely with partner agencies and Children's services on. To this end Safeguarding Essex has produced a brief guide for practitioners and which has been shared with partner agencies through the Safeguarding Adults Management Committee and the Essex Safeguarding Adults Board.

## **10 Project Athena**

10.1 Project Athena is a joint police project which seven police forces so far have signed up. The forces currently signed up to this project are Essex, Bedfordshire, Cambridgeshire, Hertfordshire, Kent, Suffolk and Norfolk. A national framework agreement has been signed by Essex Police Authority for a new 'one-stop' IT system which will help police to identify criminals more quickly and cut crime. Until now, police forces have largely managed data on offenders, suspects, victims and incidents on different systems at a local level. This made it a challenge to share information quickly with other forces.

10.2 From a safeguarding perspective this new system will mean that the Police can quickly electronically generate safeguarding alerts and include relevant information previously not always readily available. Safeguarding Essex, along with colleagues from Children's services, have been involved in assisting the Police with developing the safeguarding section of the database to ensure that the information that the electronic forms contain is the information that both adult and children's services require.

## **11 Safeguarding at the Customer Service Centre**

11.1 Safeguarding concerns by professionals and the public are encouraged but do place a pressure on the locality teams as the numbers of such concerns has steadily increased each year. At the Customer Service Centre (CSC) they have piloted a scheme where they seek to triage as many of the SETSAF1s (the concern form) as possible and reduce the number of concerns being passed to the locality teams. During the year the CSC has reduced the number of safeguarding cases going to the locality teams by 23%.

11.2 The advisors are trained in safeguarding and those concerns which are obviously not safeguarding issues (e.g. complaints) are directed elsewhere. The small triage team of



social workers then look at as many of the SETSAF1s as possible and make further enquiry to see if the matter has been resolved appropriately or needs further investigation. Where possible they close those safeguarding concerns which have been dealt with appropriately (e.g. medication errors). By working closely with safeguarding Essex there is a consistent approach to these SETSAF1s and a number of practice documents have been developed to help practitioners recognise the difference between safety, safeguarding and risk management.

11.3 In the nine months of the pilot the Customer Service Centre were able to close nearly 300 safeguarding concerns on behalf of the locality teams. Whilst the impact on the workload pressures on the teams has been minimal because of the increase in referrals, it has resulted in non-cash savings of nearly £252,000 (based on the estimate that a “routine” safeguarding enquiry and investigation costs £912). Safeguarding Essex will continue to work closely with the Customer Service Centre to look at ways of developing the triaging process in an attempt to reduce the numbers of inappropriate safeguarding concerns being sent to the teams, as well as with the teams and partner agencies to prevent inappropriate safeguarding concerns being raised by them.

## **12 Provider concerns group**

12.1 Safeguarding Essex is a member of the Provider Concerns Group which meets fortnightly to share information about providers. The group is made up of the Commercial Team, the Quality Improvement Team, the Service Placement Team and the Customer Liaison Service. The purpose of the group is to:

- Support the directorate by ensuring all AH&CW commissioned care services deliver safe care in accordance with Care Quality Commission and contractual requirements using various methods of intelligence.
- Identify risks, agree and take appropriate action to address poor practice and non-compliance and to ensure the safety and well-being of service users.

12.2 The objectives are:

- To ensure there are robust mechanisms in place to record a concern and take appropriate agreed action when required.
- Record concerns onto the Provider Intelligence Database in real time.
- Update and review weekly the Provider Intelligence Database.
- Take responsibility to update and maintain the Suspension of Care Services Protocol

12.3 The group produces reports for:

- Commercial Group Management
- Adult Social Care Governance Committee
- Risk & Issues report for senior managers and elected members

12.4 Significant concerns are then escalated to Senior Management with actions and/or proposed actions as appropriate. Escalation will be agreed between the core group members.

12.5 The real-time information helps identify trends that may need addressing before they become problems and helps inform the information that is shared with the Care Quality Commission.

## **13 Transitions**

13.1 Safeguarding consultant practitioners have supported their colleagues in the Transitions Pathway service to develop a greater understanding of the safeguarding process, the Mental Capacity Act and DOLs legislation, and its implication for practice, and the carers of young people with a disability, that may affect their capacity to make decisions about various aspects of their lives.

13.2 Safeguarding Essex also worked closely with the Transitions Pathway Service on these issues for members of the Transitions service. There are plans for Safeguarding Essex to attend team meetings for members of the Transitions Pathway service and follow up sessions for information, advice and guidance for social work teams later on in the year.

13.3 Following the success and feedback of the Transition Information Events held during 2011 the Transition Pathway Service, Parent Partnership, ECN (Essex Carer's Network), FACE (Families Acting for Change Essex) and Families in Focus Essex worked together to deliver four more Transition Information events during November 2012. The objective of the workshops was to inform and empower parents and carers of young people with a disability and/or additional needs as they move through transition from teenage years to adulthood. The target audience for the events was parents and carers of young people on a statement of special educational needs in years 8, 9, 10 and 11. Safeguarding Essex was part of these events in order to help inform parents and carers about safeguarding, the Mental capacity Act and Deprivation of Liberty Safeguards. The events were held to cover the four quadrants of Essex and were held on different days of the week in order to accommodate as many parents/carers as possible, including one event on a Saturday.

13.4 Safeguarding Essex at these events led, with representatives from social care and the Parent Partnership, a "Know Your Rights" discussion group. These discussion groups covered areas such as:

- Learning about the Mental Capacity Act
- Adaptability of a personal budget
- Information and process on community care assessments
- Knowing what help is available



- Knowing about other services

## **14 Black and ethnic minority groups**

14.1 Engaging the black and ethnic minority community in safeguarding has continued throughout the year and is an area that Safeguarding Essex will be pursuing in the coming year. Throughout the year we have increased our links with various groups and networked with different sectors the BEM community in Essex. These have included face to face meetings with BEM contacts provided by Essex Fire and Rescue including the manager of Essex Cultural Diversity Project (ECDP) based at Essex Records Office, the Hindu temple in Clacton and the New Generation Development Agency (NGDA).

14.2 It is important that all organisations work together when seeking to engage the BEM community and the partnership working that has been developed between Safeguarding Essex, the Fire and Rescue Service, the Safeguarding Adults Management Committee and Essex Libraries is proving invaluable and has helped develop a pool of relevant awareness raising materials i.e. real safeguarding cases from BEM groups, Hate Crime information etc.

14.3 The AskSal leaflets and posters are available in a variety of languages relevant to the BEM communities in Essex.

14.4 Safeguarding Essex is currently working on a Safeguarding Human Library Project – a novel way of reaching and increasing contacts with the BEM community in order to break down stereotypes and share information. An event will take place at the Minories in Colchester, funded through the Essex Safeguarding Adults Board with match funding from the Colchester Arts Institute. The pilot event, if successful, will then be rolled out wider within Essex during 2013-14. It will in effect generate a 'pop up resource which is very portable and could be run in lots of different venues in Essex. In effect experts in certain fields, such as safeguarding, become human books which can be "borrowed" on the day by various groups. The human book is then used to inform the group about their field of expertise before being returned.

## **15 Child Sexual Exploitation**

15.1 Safeguarding Essex is working with Children's services from Southend, Essex and Thurrock and the Police to develop a policy that can address the very serious concerns about child sexual exploitation and which incorporates the "Think Family" approach.

15.2 The group is aiming to ensure that there is an appropriate and consistent approach to information gathering and response to an incident of child sexual exploitation. There is to be a monitoring of trends and adult services can provide input into achieving a holistic analysis. There is to be a service provided to support victims and all of those involved will be committed to raising awareness of child sexual exploitation.

## **16 The SET Group**

16.1 Safeguarding Essex are active participants in the pan-Essex group in the production of the revised SET Safeguarding Guidelines. There have been many areas that required changes as well as new additions – this has included the Deprivation of Liberty Safeguards Act, the Threshold Matrix, and the management of risk, institutional safeguards and Undue Influence. The revised guidelines are due for publication in the summer of 2013 and should be more meaningful for practitioners as they will be covering more areas than previously, and make the distinction between safety, safeguarding and risk management clearer.

## **17 Service user feedback**

17.1 Safeguarding Essex feels that it is important to know the thoughts, views and feelings of those who experience the safeguarding process and 18 months ago introduced a feedback process. In that period we have received 67 replies.

17.2 The feedback focuses on a series of eight questions relating to the process and the set of standards laid out in the accompanying general leaflet (which aims to explain what the safeguarding vulnerable adults is about).

17.3 Below is a summary of the findings:

Question 1: Were you informed about what happened?

Yes: 48

No: 11

I don't know: 4

Question 2: Were you treated with dignity and respect?

At all times: 53

Sometimes: 6

Not at all: 2

Question 3: Were you given time and assistance to communicate?

Yes: 54

No: 8

Don't know: 4

Question 4: Do you feel you were listened to?

Yes: 58

No: 4

I don't know: 4

Question 5: Were you kept informed of what was happening and involved in the safeguarding process?

At all times: 46

Sometimes: 10

Not at all: 9

Question 6: Were you involved in making decisions about the risks identified?

Yes: 40

No: 12

Don't know: 11

Question 7: Were you told when the safeguarding investigation had been completed?

Yes: 43

No: 11

Don't know: 7

Question 8: As far as you are aware has your right to privacy and confidentiality been respected?

Yes: 57

No: 6

Don't know: 1

17.4 The overall impression from looking at the data is that the feedback about the process is largely positive, scoring an average mark around 74% in the area of satisfaction. This reflects, we believe, the good practice and commitment of the practitioners in the locality teams. One of the highest scores indicates that practitioners involved -in coordinating the safeguarding procedure have given time to service users and families to listen to their views about the concerns. It is worth noting as well that people's rights to privacy and confidentiality have been upheld in most cases. This evidences good practice, based on ethical values, which is very important in such a sensitive process.

17.5 The one area where the figures are low relates to the identification of risks and possibly there is need for more work around the formulation of a joint risk assessment and management plan with service users/families. This is an area that will be addressed in the revised SET Guidelines.

17.6 The additional comments added to the survey form tend to focus on the outcome rather than the process itself. 13 additional comments of this sort have been made, on a positive note, about specific social workers involved, but also making reference to the Police involvement. Amongst those, a few thanks you have been expressed in relation to the case worker at the time.

17.7 However, 11 negative comments have been made, often referring to the disappointment in the outcome of the investigation (such as the Police not being able to pursue the matter further). One response made mention of the feeling of interference in the person's life throughout this process.

## PART 2 – Statistics and data analysis

### 1 National comparison

1.1 In March 2013 the Information Centre for Health and Social Care<sup>1</sup> produced key findings from the Abuse of Vulnerable Adults data collection for the period 1 April 2011 to 31 March 2012. This is a comprehensive national analysis of adult safeguarding based on returns from 152 councils.

1.2 The main information in the report is used here to see how Essex compares with the wider national picture for the same period, and using the same baseline we can compare our 2012-13 data to see how trends are developing in Essex.

1.3 In relation to types of abuse:

Type of abuse	National 2011-12	Essex 2011-12	Essex 2012-13
Physical	29%	26%	24%
Neglect	26%	35%	37%
Financial	19%	19%	17%
Emotional/psychological	16%	14%	12%
Sexual	5%	4%	5%
Institutional	4%	1%	4%
Discriminatory	1%	1%	1%

The national figures for 2011-12 are almost identical to those of 2010-11.

1.4 In regards to alleged victims the figures for 2011-12 break down as follows:

- Nationally 60% of safeguarding referrals were for adults aged 65 and over, in Essex for 2012-13 the figure is 63%
- Nationally 48% of safeguarding referrals were for adults with a physical disability, in Essex for 2012-13 the figure is 27%
- Nationally 24% of safeguarding referrals were for adults with a mental health diagnosis, in Essex for 2012-13 the figure is 14%
- Nationally 20% of safeguarding referrals were for adults with a learning disability, whilst in Essex for 2012-13 the figure is 17%.

1.5 The only discernible difference is that in Essex the figures for people with a physical disability are quite a bit lower than the national average. One reason for this could be that at the time the safeguarding concern is received and recorded the service user category type is not always known.

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<sup>1</sup> see: <https://catalogue.ic.nhs.uk/publications/social-care/vulnerable-adults/abus-vunr-adul-eng-11-12-final/abus-vunr-adul-eng-11-12-fin-rep.pdf>

1.6 In regards to the relationship of the alleged perpetrator to the victim it was found that nationally 22% were family members, 28% were social care and health staff and 13% were friends, neighbours, other professional staff or strangers. The figures for Essex for 2012-13 are that 27% of alleged perpetrators are family members, 28% are residential care staff; 17% are social care or health staff; 9% are domiciliary carers; 7% are vulnerable service users and 8% are friends, neighbours or strangers. The figures for 2012-13 are comparable with 2011-12 and show no variation in trends either nationally or locally.

1.7 In Essex the first point of contact in referring a safeguarding matter is the Customer Service Centre. 23% of safeguarding concerns are closed at this first point of contact as requiring no further action, or are re-directed elsewhere because the issue is not a safeguarding one but something else (e.g. a complaint). The remaining 77% are passed onto the locality teams for further enquiry. The national average for no further action of a safeguarding concern was 30%.

1.8 When looking at the ethnicity of alleged victims:

- Nationally 89% of alleged victims were white, in Essex for 2012-13 the figure is 96%
- Nationally 12% of alleged victims were from ethnic minority groups; in Essex for 2012-13 the figure is 3%.
- In Essex 1% of alleged victims declined to state an ethnicity.

1.9 The figures for Essex in 2012-13 show no variation to those for 2011-12. The engagement of minority communities in safeguarding is a national issue and not one that is specific to Essex.

## 2 Essex statistics

### 2.1 Referrals by area

Area	First Quarter	Second Quarter	Third Quarter	Fourth Quarter	Cumulative	% of population
North East	370	386	393	399	1548	0.44
Mid	259	277	341	254	1131	0.38
West	256	249	250	247	1002	0.37
South	300	266	320	300	1186	0.29
<b>TOTAL</b>	<b>1185</b>	<b>1178</b>	<b>1304</b>	<b>1200</b>	<b>4867</b>	<b>0.37</b>

Safeguarding concerns are fairly evenly spread across the county with the North East accounting for a slightly higher rate than elsewhere due, probably, to the high number of residential and nursing care homes that there are in this area, plus the high number of private hospitals that are also located in this area.

## 2.2 Referrals by Service User Category

Service User Category	2012/13
Adult Frailty	940
Carer	9
Learning Disability	814
Mental Health	698
Physical / Sensory Impairment	1334
Other Vulnerable People *	1072
<b>TOTAL</b>	<b>4867</b>

\*At the point of initial contact and recording, category not known

These figures are not entirely useful as Safeguarding Essex only records category as stated at the initial point of contact. In many cases people refer safeguarding issues but don't know if the person is elderly, has learning disabilities or has mental health problem or is an elderly person with mental health problems, the important thing is that they make the referral. It is only when the case is allocated that the category is identified. Safeguarding Essex are exploring ways of capturing this information in the future.

## 2.3 Referrals by origin

Origin of Referral	First Quarter	Second Quarter	Third Quarter	Fourth Quarter	Cumulative
Domiciliary Care Staff	115	116	129	113	473
Health Staff	257	204	369	293	1123
CQC	6	20	20	20	66
Day Care Staff	13	17	12	17	59
Education/ Training / Workplace	8	3	12	12	35
Family Member	94	99	82	73	348
Friend/ Neighbour	21	26	14	14	75

<b>Housing</b>	55	54	63	50	222
<b>Mental Health Trust</b>	49	92	70	78	289
<b>Other eg. Anonymous/Advocate</b>	61	62	54	41	218
<b>Residential Care Staff</b>	296	294	235	275	1100
<b>Self-Directed (Employed) Staff</b>	16	48	34	30	128
<b>Police</b>	52	38	53	45	188
<b>Social Worker / Care Manager</b>	135	93	141	135	504
<b>Fire Service</b>	2	1	1	0	4
<b>Self Referral</b>	5	11	15	4	35
<b>TOTAL</b>	<b>1185</b>	<b>1178</b>	<b>1304</b>	<b>1200</b>	<b>4867</b>

It is encouraging that residential care staff have raised so many safeguarding concerns as this is an indicator that they will not tolerate poor care or neglect of those they care for. This year we are also reporting cases raised by the Fire Service, which reflects the awareness raised through the safeguarding training that they have been given through the Essex Safeguarding Adults Board's training programme.

## 2.4 Relationship of alleged perpetrator to alleged victims

<b>Relationship of Perpetrator to Service User</b>	<b>First Quarter</b>	<b>Second Quarter</b>	<b>Third Quarter</b>	<b>Fourth Quarter<sup>2</sup></b>	<b>Cumulative</b>
<b>Domiciliary Care Staff</b>	100	170	156	0	426
<b>Vulnerable Adult on Vulnerable Adult</b>	110	102	119	0	331
<b>Residential Care Staff</b>	292	283	323	473	1371
<b>Health</b>	71	53	80	70	274
<b>Neighbour / Friend / Individual Known but Not Related</b>	87	60	68	190	405
<b>Family Member</b>	343	245	349	408	1345

<sup>2</sup> With changes to the reporting process in the final quarter of 2012-13 domiciliary care staff is now included with residential care staff. Vulnerable adult on vulnerable adult is now recorded under "individual known but not related" and self-neglect is now recorded under "family member".

<b>Other / Professional Worker</b>	170	246	178	22	616
<b>Stranger</b>	12	19	31	37	99
<b>TOTAL</b>	<b>1185</b>	<b>1178</b>	<b>1304</b>	<b>1200</b>	<b>4867</b>

The allegations raised about care staff are high, and is probably reflective of the high number of allegations raised by care staff, which, as mentioned above, appear to becoming less tolerant of poor care by colleagues. The number of strangers involved in safeguarding is due to the increase in rogue trading, which has been noted particularly in the North East locality.

The number of allegations made about domiciliary carers is often to do with missed or late visits, which have resulted in the service user being left at risk of harm (e.g. medication not being given or personal care not being attended to). These concerns get looked at by the Provider Concerns Group and taken up with the relevant care agency.

## 2.5 Outcomes (for cases that have been closed)

56% of SETSAF1s are being closed in a timely and appropriate manner, which is an improvement of the previous year. The remaining 44% might remain open because it hasn't been possible to make contact with relevant key people, including the service user or the case is more complex than originally anticipated. The safeguarding consultant practitioners work with the locality teams to help them increase the number of closures and correct data inputting errors that may have occurred, and which can give a misleading impression on the output of the team. The main focus of the support is to ensure that those referred are not at immediate risk of harm.

<b>Outcomes</b>	<b>First Quarter</b>	<b>Second Quarter</b>	<b>Third Quarter</b>	<b>Fourth Quarter</b>	<b>Cumulative</b>
<b>Case Management Resolution</b>	114	90	103	0 <sup>3</sup>	307
<b>Substantiated</b>	203	163	154	66	586
<b>Un Substantiated</b>	262	237	166	71	736
<b>Partly Substantiated</b>	76	86	69	37	268
<b>Redirect to other Agency</b>	33	37	24	16	110
<b>Unresolved</b>	184	164	171	200	719
<b>TOTAL</b>	<b>872</b>	<b>777</b>	<b>687</b>	<b>390</b>	<b>2726</b>

<sup>3</sup> In preparation for changes in recording with the new Zero Based Return for the Department of Health the category of case management is no longer recognised as a category in its own right. The assumption is that if a matter is case management then a decision about the outcome has been reached. It is, therefore, assumed that for a matter to become case management then the allegation was substantiated



## 2.6 Mental Capacity Act – Independent Mental Capacity Advocates (IMCAs) and Deprivation of Liberty Safeguards (DoLS)

	First Quarter	Second Quarter	Third Quarter	Fourth Quarter	Cumulative Total
<b>Total</b>	18	20	28	30	<b>96</b>

During 2012 the independent mental capacity advocacy contract was awarded to VoiceAbility. The number of IMCAs being engaged appears to be lower than would be expected for a county the size of Essex, although fairly consistent with the number the previous year. VoiceAbility is to undertake a more pro-active approach to raising awareness about their services with Health, private hospitals and residential care homes during 2013. During the year Safeguarding Essex has dealt with 151 DoLS applications for people in residential care homes - 78 of these applications were appropriate and successful. 80 of the cases were for people with a mental health issue, 46 were people with a physical or sensory impairment and 25 were people with a learning disability. These figures are very similar to the previous year. From April 2013 the local authority becomes responsible for all DoLS applications for both Health and social care.

## Appendix A – Action plan 2013-2014

Objective	Actions	Outcome	Progress summary	Lead person
1a. We will explore the potential for tendering out the DoLS service. 1b. We need to identify future funding for the DoLS service.	To commission a project group to begin looking at the various options available.	To identify the most efficient and effective way of delivering the service and reduce the cost pressure on ECC (currently the shortfall in the service is £233,000).	Progress summary: options paper developed by July 2013 and presented to ALT September 2013.	Stephen Bunford
2. We will continue looking at identifying “cyber” abuse and developing an approach to addressing the associated issues.	To identify, with Children’s services and service users, issues around bullying, harassment and hate crimes which are becoming more prevalent on social networking sites, text messages and emails.	To have a multi-agency approach to cyber bullying, which includes Children’s Services. To have an Eastern Region approach to cyber bullying. To enable staff to have a greater understanding of “cyber” abuse and how to work with the Police to address such issues with, for instance, the providers of social networking sites. This work falls within the operational costs of Safeguarding Essex.	Progress summary: to have a draft document for the Governance Board August 2013.	Kim Spain
3. We want to continue engaging the black and ethnic minorities in safeguarding through awareness raising sessions.	To identify appropriate events, such as the Human Library event, to promote safeguarding to various ethnic minority communities in Essex.	To give minority communities the confidence to access services which recognise their particular needs.	Progress summary: to have participated in the Human Library event in September 2013 and report back to the Governance Board	Catriona Wheadon

		<p>Safeguarding Essex is to run a special event in September 2013 to try and engage more people from minority communities. This will be funded from a grant from ESAB and is no additional cost to Safeguarding Essex (except staff time). ESAB will be funding the translation of posters and flyers into a variety of languages.</p> <p>To increase the number of safeguarding referrals raised by the BEM community.</p>	October 2013.	
<p>4. We will continue to engage with the CCGs and GPs in awareness around safeguarding processes and the assistance available to them (e.g. training) and the need to understand the implications of the Mental Capacity Act upon their practice.</p>	<p>To attend the CCG boards to promote safeguarding.</p> <p>To offer safeguarding training to individual GP surgeries.</p> <p>To regularly meet with the GP practice managers to keep them informed on safeguarding.</p>	<p>To have a greater engagement by GPs in safeguarding strategy meetings; to have GPs more confident with the Mental Capacity Act; to have more safeguarding concerns raised by GPs.</p> <p>Safeguarding Essex to offer free training on safeguarding to CCGs to help them understand the issues and their responsibilities. This training falls within the operational costs of Safeguarding Essex.</p>	<p>Progress summary: to review the links between Safeguarding Essex and the CCGs in September 2013.</p>	Stephen Bunford
5. We will continue to	To work with the	To have appropriate	Progress summary: to	Stephen Bunford

seek to reduce the number of inappropriate SETSAF1s getting to the locality teams.	<p>Customer Service Centre on developing the work they have begun on a more robust triaging process.</p> <p>To undertake more regular training of advisors so they feel more confident in addressing some of the issues being raised.</p>	<p>SETSAF1s being passed to the locality teams and have the number of No Further Action cases increased at the CSC from 23% to at least 30%. This will have benefits (time and money) for the locality teams as they will have fewer inappropriate SOVAs to deal with.</p> <p>To increase the timely closure of SOVAs to 60%, and therefore reduce the number of open cases.</p>	review progress in September 2013 and report back to the OSM leads.	
6. We will prepare for the introduction of new safeguarding legislation contained within the Care Bill.	To work with ESAB and partner agencies on understanding the implications of the Care Bill in relation to safeguarding.	To have systems and processes in place reflecting the Care Bill proposals.	Progress summary: to review progress through SAMC in December 2013.	Stephen Bunford

<p>7 Information, training, practice &amp; and communication:</p> <p>7a. We will seek to improve practice and outcomes in safeguarding and seek to ascertain how effective the safeguarding processes are.</p>	<p>To participate in the ADASS and LGA led <i>Making Safeguarding Personal</i> project.</p> <p>To participate in the work being done on safe commissioning by ESAB and ECSB.</p>	<p>To have a set of outcomes related to safeguarding which vulnerable people want and which are measurable.</p>	<p>Progress summary: <i>Making Safeguarding Personal</i> begins July 2013 – initial feedback to Governance Board August/September 2013.</p>	<p>Stephen Bunford &amp; Gill Stephenson</p>
<p>7b. We want to improve the service user's experience of care and support through the safe provision of services.</p>	<p>To continue providing safeguarding training to providers of services.</p>	<p>To ensure that those we commission services with have a robust approach to safeguarding.</p>	<p>Safe Commissioning report issued April 2013 and to be reviewed July 2013 for feedback on progress to the joint boards in September 2013</p>	<p>Stephen Bunford</p>
<p>7c. We want to have meaningful management information available for ESAB and other appropriate forums.</p>	<p>To review the content and presentation of management information.</p>	<p>To have a management information report that informs practice, training and communication.</p>	<p>Progress summary: to have revised proposed management report with the chair of ESAB for discussion September 2013.</p>	<p>Stephen Bunford</p>
<p>8. We want Safeguarding Essex to be able to be compared with partner agencies and other local authorities in order to address any areas that needs developing.</p>	<p>To participate in the new joint Children's and Adult's section 11 audit.</p> <p>To collect data relevant for the new Zero Based Return (which replaces</p>	<p>To identify areas that need developing and areas where joint work between agencies can improve the service user's experience of safeguarding.</p> <p>To have the return completed.</p>	<p>The joint audit is planned for September 2013 with an initial report due December 2013.</p> <p>To contribute to the completion of the return June 2013.</p>	<p>Stephen Bunford</p> <p>Stephen Bunford/Ann Hird/Jody Hart</p>

	the previous Audit of Vulnerable Adults.			
9. We want to change the emphasis of Safeguarding Essex's annual report from being solely about Safeguarding Essex as a service to a report about safeguarding in Essex as a whole.	To engage all sections of ECC in an annual report on safeguarding in Essex.	To demonstrate how the organisation as a whole is addressing the safeguarding needs of those most vulnerable in the community.	To add to the Corporate Leads Group's agenda in November 2013.	Karen Wright/Stephen Bunford

## Appendix B – Safeguarding Essex Action Plan 2012-2013

Objective	Actions	Outcome	Update	Status
1. We said we would change the emphasis of the annual report from being solely about Safeguarding Essex as a service to a report about safeguarding in Essex as a whole.	To engage all sections of ECC in the annual report on safeguarding in Essex.	To demonstrate how ECC as a whole is addressing the safeguarding needs of those most vulnerable in the community.	The Corporate Leads Group is still developing and it has been decided that it is too early yet to have a separate report. The issue has been raised with the Corporate Leads Group and remains on their agenda.	On-going – to be carried over to 2013-14
2. We wanted to continue find ways of engaging the black and ethnic minorities in safeguarding.	To identify appropriate groups/organisations to discuss why they may not be accessing the safeguarding process and identify ways of making them more confident in raising safeguarding concerns.	We want to give minority communities the confidence to access services which recognise their particular needs.	Some good work has been done in accessing various community groups (such as making contact with community leaders to explain the work of Safeguarding Essex and the creation of training packages that can be used as part of a	On-going – to be carried over to 2013-14

			cascade training approach) looking at various training needs. Engaging the minority communities is on-going and a major event is being planned for the autumn of 2013.	
3. We want to create closer links between Safeguarding Essex and the Transitions service	To make the Transitions service aware of the SET Guidelines, the SET process, AskSal and Mental Capacity Act assessments.	We want to ensure that vulnerable young adults are supported in any safeguarding matters and are informed about how to raise safeguarding concerns.	We have undertaken joint training with the Transitions service and a rolling programme has been set up.	Achieved.
4. We wanted to develop an approach to human trafficking and smuggling.	To understand the issues related to human trafficking and smuggling in relation to vulnerable adults, to raise awareness amongst staff and have an approach that covers both adults and children.	We have now have guidance on dealing with human trafficking and smuggling that covers all ages.	Guidelines written and accepted by ECC and shared with ESAB. Partner agencies keen to use the same guidance.	Achieved, but work will be carried over into 2013-14 to continue developing an approach that covers both children and adults.
5. We sought to develop a more robust screening approach to safeguarding.	To develop a safeguarding screening service within Customer Services that is overseen by Safeguarding Essex.	We have reduced the number of inappropriate safeguarding referrals being passed to the locality teams.	23% of SETSAF1s dealt with as no further action by the CSC and nearly 280 additional cases dealt with by the triaging process. £50,000 was set aside to help set up the project with a target saving of £112,000. The triaging process resulting in non-cash savings to the locality	Achieved.

			teams of nearly £253,000, which means that the savings target was met and the initial set-up costs were recouped.	
6. We wanted to strengthen the working relationship with the PCT safeguarding leads in order to engage GPs in the safeguarding process and raise their awareness around safeguarding processes.	To work with the 2 PCT safeguards leads and the acute trust safeguards leads on joint training to raise awareness with PCT staff, hospitals and GPs.	We worked with the 2 PCT safeguards leads and the acute trust safeguards leads on joint training to raise awareness with PCT staff, hospitals and GPs. We developed the partnership working between Safeguarding Essex and the two PCT safeguarding leads in order to create a more cohesive health and social approach to safeguarding, and improved ways of sharing information. We have worked with our colleagues in Health to create a better understanding by the new CCGs around safeguarding and how to raise safeguarding concerns.	We have worked closely with Health colleagues on joint work on policies and guidelines (e.g. Basildon Hospital's revised safeguarding processes); training on MCA given to Mid GP practice; safeguarding discussed as item at GP training event in the West. Information on safeguarding being distributed to the new CCGs and further training for CCGs and GPs planned for 2013.	On-going – to be carried over to 2013-14
7. We are committed to promoting the "Think Family" approach to safeguarding.	To develop safeguarding training for those working with either children and adult to get them to be more	We now have a more joined up approach to safeguarding across the two services which encourages workers to	We have made the theme of "Think Family" more embedded in training and have reiterated it in policies	Achieved.



	aware around joint issues and not look at cases in isolation or just in terms of their specialism.	look at the whole picture rather than specific aspects of a case.	and guidelines, such as the revised SET Guidelines. Children's safeguarding has assisted Safeguarding Essex on developing the adult Local Authority Designated Officer role. Kim Spain has taken the lead on behalf of Safeguarding Essex and been involved in 5 LADO cases.	
8. We have identified a growing concern amongst vulnerable adults with "cyber" abuse and have sought to develop an approach to address the associated issues.	To look at the issues around bullying, harassment and hate crimes which is becoming more prevalent on social networking sites, text messages and emails.	We have raised awareness of the issues associated with cyber amongst staff and how to work with the Police to address such issues with, for instance, the providers of social networking sites.	Safeguarding Essex has become part of the wider Eastern Region group looking at cyber abuse, but which has yet to report. Awareness of cyber abuse being shared in practice bulletin using examples and experiences from Children's Services.	On-going – to be carried over to 2013-14
9. Due to legislative changes we needed to develop a joint Health and Social Care MCA/DoLS service.	To pool resources as directed by the Department of Health and create a new single service with a joined up policy and procedure.	We have initially decided to keep the new DoLS service in-house to maximise resources, make efficiency savings and prevent duplication between the agencies. We have created a single point of access for DoLS applications and MCA assessments.	Systems in place prior to April 2013. However, there is a cost implication to ECC as we do not receive 100% of the budget that was originally given to Health. ECC received £35,000 as a one-off grant to help set up systems (ECC used the	The first stage achieved and the DoLS service up and running. Work now beginning on looking at other options for delivering the DoLS service to maximise efficiencies. This will be carried on to 2013-14.

		Our intention in the coming month's is to look at the various options available for developing the DoLS service.	money to fund additional Best Interest Assessor capacity). Based on projected figures (based on data from both ECC and Health) there is a shortfall in the delivery of the DoLS service of £233,000, which will be funded for 2013-14 from the Spend to Save budget.	
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		AGENDA ITEM 5
		PAF/02/14
Committee:	People and Families Scrutiny Committee	
Date:	16 January 2014	
<u>Ageing Well Task &amp; Finish Group – final report</u>		
Enquiries to:	Robert Fox Scrutiny Officer Corporate Law & Assurance 01245 430526 <a href="mailto:robert.fox@essex.gov.uk">robert.fox@essex.gov.uk</a>	

**Purpose of the Paper:**

To review the responses from Cabinet Members to the report produced by the Ageing Well Task & Finish Group. (Responses to follow as PAF/03/14.)





## **AGEING WELL**

A Review by a Task and Finish Group of the  
Community and Older People  
Policy & Scrutiny Committee

**April 2013**



Essex County Council





# **C O N T E N T S**

## **FOREWORD**

<b>By the Vice-Chairman of the Community and Older People Policy and Scrutiny Committee, Councillor Janet Whitehouse</b>	<b>4</b>
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## **ISSUES EVIDENCE AND RECOMMENDATIONS**

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## FOREWORD

Ageing Well was a Department of Work and Pensions programme from 2010-12 designed to support local authorities to improve their services for older people.

The key aim of the programme was to provide a better quality of life for older people through local services that are designed to meet their needs and recognise the huge contribution that people in later life make to their local communities.

Ageing Well was designed to –

- help local authorities to use their resources effectively
- promote well-being in later life
- ensure that older people can live independently for longer
- engage older people in civic life
- tackle social isolation by recognising older people's potential.



This Task and Finish Group attempted to identify which areas within ECC are concerned with older people's issues and to see how a better service for older people might result from them working more closely together.

We also tried to discover which voluntary and community organisations in Essex were supporting older people in order to see if there were gaps that should be filled or duplication of services.

Social isolation and loneliness has recently been recognised as a health issue. Essex County Council chose Loneliness for the LGA support that was offered to councils as part of the Ageing Well programme and an action research pilot was developed. The Task and Finish group were impressed by the work that has been done and particularly the mapping of social isolation across Essex.

The number of older people is increasing and the impact of an ageing society is one of the major fiscal challenges for the public sector. However, the majority of older people are not recipients of social care. Many are active contributors to society and many voluntary organisations would be unable to continue were it not for the contribution of their older volunteers. Older people know what older people need and it is important that their voice is heard when new services are planned or changes are made to existing services which are relevant to them.

The Task and Finish Group were able to meet only four times as its formation was agreed by the Community and Older Peoples PSC late in the council's cycle. The group

was therefore unable to examine issues as fully as we wished. However, a number of practical and achievable recommendations have been made. I hope the Cabinet members in the new Council will see the benefits these would bring to both older people and ECC and will take them forward.

I would like to thank my fellow Members of the Task and Finish Group Councillor Lyn Barton, Councillor Dick Madden, Councillor Colin Riley and, for transport issues, Councillor Chris Pond. I would also wish to thank Maureen Montgomery, Co-Chair Older People's Planning Group, who was a co-opted Member of the Task and Finish Group.

A handwritten signature in blue ink that reads "Janet Whitehouse". The signature is written in a cursive style.

**COUNCILLOR JANET WHITEHOUSE**

Chairman of the Task and Finish Group and Vice-Chairman of the Community and Older People Policy & Scrutiny Committee

## Issues, Evidence and Recommendations

### Highways and Passenger Transport

#### **RECOMMENDATION 1**

**Data regarding falls and their severity should be recorded, while recognising that many are not reported, to ensure better maintenance of footways.**

**Owners:** Cabinet Member for Highways and Transportation

**Implementation Review Date:** October 2013

**Impact Review Date:** April 2014

Specific highways schemes are based on national standards and guidelines; however, in Essex where there are significant numbers of older pedestrians, crossing times at Pelican Crossings have been extended.



The Task and Finish Group heard that not as much is known about pedestrian movements as highways movements. If more was known prioritisation of intervention regimes to assist pedestrians could occur. There are over 14,000 kilometres of footways in Essex. The Task and Finish Group raised a concern about falls on pavements as any data on this does not seem to be captured in a way that could put into perspective what may need to be done to ensure maintenance; whereas data on traffic accidents allows road maintenance to take place where there have been clusters of accidents. The officers from Highways & Transportation said their opinion was “The day when trips and falls are treated as ‘accidents’ rather than ‘acts of God’ the more we would know and be able to try and prevent them”. What appear to be minor footway defects can cause older people to trip. Many of these trips and falls lead to older people sustaining permanent injuries or lead to mobility problems..

#### **RECOMMENDATION 2**

**There should be data gathered on pedestrian foot journeys to map priority pedestrian routes throughout the county. This could be undertaken by local community groups.**

**Owners:** Cabinet Member for Highways and Transportation

**Implementation Review Date:** October 2013

**Impact Review Date:** April 2014

The Task and Finish Group heard that information on pedestrian journey patterns by older people would also be able to assist Highways & Transportation with planning

maintenance. The potential for pitfalls on pedestrian routes are a big determinant as to whether people use public transport and feel confident to walk to and from their destination. However, the data available is sparse. The maintenance and provision of seats on pedestrian routes is crucial in local areas if older people are to be encouraged to walk. The Task and Finish Group heard that footways are inspected at least once a year. All defects are noted but these have to be prioritised. The Task and Finish Group agreed that mapping of the priority pedestrian routes should be undertaken, and this should be done at destination point rather than origin. This could be done by community groups. This would assist maintenance engineers in prioritising maintenance of footway defects. In some parts of the county, local Councils have promoted the use of signage and naming of footpaths and alleyways to promote walking, a valuable part of older people's fitness, and this should be encouraged.

### **RECOMMENDATION 3**

**In its role as public health promoter the County Council should consider providing a self-referral programme for older drivers regarding their fitness to drive.**

**Owners:** Cabinet Member for Health and Wellbeing

**Implementation Review Date:** October 2013

**Impact Review Date:** April 2014

On the whole older drivers do not have any needs specifically different to other highways users. Anecdotally, there is evidence that older drivers travel less at night and travel on familiar routes where they feel more comfortable. In Essex no data has been detected in terms of accidents that are specific to older drivers; however, other Local Authorities do suggest there are issues, for example, both Suffolk and West Sussex County Councils host workshops related to accidents involving older drivers.

The issue of older drivers was raised in the Task and Finish Group. The potential dangers in continuing to drive when no longer fit to were discussed in the light of two accidents involving older drivers in Theydon Bois and Colchester. An education programme for older drivers to consider their fitness involving self-referral could be introduced. There is always plenty of advice for younger drivers so maybe the same could be considered for older people. The Task and Finish Group felt that opticians should be involved to assess the appropriateness of eyesight, though it was recognised this would require national legislation. This might be taken up by Essex County Council in its new role as public health promoter.

### **RECOMMENDATION 4**

**An information leaflet on how to use Public Transport should be delivered when people are sent concessionary bus passes. There should also be more advertising of the concessionary bus pass.**

**Owners:** Cabinet Member for Highways and Transportation

**Implementation Review Date:** October 2013

**Impact Review Date:** April 2014

Research has shown that giving up driving can lead to social isolation. It is often many years since a driver has used public transport and they lack confidence and knowledge to get started. The older people taking part in the research asked for a leaflet to explain how to use the bus, e.g. how do you ensure it stops at the right place. The Task and Finish Group would like information leaflets informing residents how to use public transport, to be produced. One way to distribute these would be to send it out with the concessionary bus passes. How to apply for a concessionary bus pass also needs to be advertised.

#### **RECOMMENDATION 5**

**All bus stops in the county should enable buses to get to kerbs, as a matter of course, as well as having bus boxes/cages as considered appropriate. The default position should be that all but the lightest use bus stops should be protected by no-stopping restrictions.**

**Owners:** Cabinet Member for Highways and Transportation

**Implementation Review Date:** October 2013

**Impact Review Date:** April 2014

Passenger transport is critical in terms of older people maintaining their levels of independence. The Task and Finish Group heard that often older people use public transport, not only for shopping or healthcare needs, but for social interaction. The lack of Sunday buses in the county were also raised as a concern.

Essex County Council has achieved a great deal in making travel easier for people. However, access to bus stops is often an issue due to indiscriminate parking. It is not uncommon to see buses stop away from the kerb due to obstruction caused by parked cars thus preventing them from stopping close to the raised kerb. As a result this causes difficulties in getting on and off the bus.

The amount of kerb space a bus needs is 1½ times the length of the bus. The Task and Finish Group raised the issue of bus stop clearways and whether there is a good reason as to why every bus stop in the county should not have a clearway. It was acknowledged that in order for this to be achieved Traffic Regulation Orders (TROs) would be needed. The Parking Partnerships are currently reviewing all TROs. The County could request Parking Partnerships to bear in mind bus stop boxes when reviewing TROs.

#### **RECOMMENDATION 6**

**Amendments to the Blue Badge Scheme that exclude social care schemes from having Blue Badges should be reviewed by the Cabinet Member.**

**Owners:** Cabinet Members for Adults Social Care; and Customer Services, Environment and Culture

**Implementation Review Date:** October 2013

**Impact Review Date:** April 2014

The Task and Finish Group heard that the social car schemes in Loughton and Ongar, which are a valuable feature of the county's transport scheme in terms of taking patients to medical appointments used to be eligible for Blue Badges. However, these are organisational Blue Badges and the county has decided to withdraw these from the scheme – this is not a national decision. The Task and Finish Group were concerned about the difficulty this creates in the provision of this important service and questioned the rationale behind this decision.

#### **RECOMMENDATION 7**

**The Task and Finish Group heard of innovative schemes in the county related to community and passenger transport and would recommend active, and ongoing support and promotion of these; and other innovative schemes should be encouraged.**

**Owners:** Cabinet Members for Highways and Transportation

**Implementation Review Date:** October 2013

**Impact Review Date:** April 2014



The Task and Finish Group heard that Transport for London (TfL) have been approached on numerous occasions by Essex County Council to ensure that all accesses to stations on the Central Line London Underground Essex stations are Disability Discrimination Act (DDA) compliant.

Bus provision in rural areas is often sparse and some older people cannot use the regular bus. Essex County Council has developed a network of over 30 Shopper Buses. These travel one or twice a week from village locations to the nearest towns. They are often run by local community transport schemes. The cost to run these services is £60 per day (which is provided by Essex County Council); therefore, around 10 people are needed on each day the service runs to ensure the service is economical. Community transport schemes are now struggling to get volunteers, so some of the Shopper Buses are using paid drivers, and as a result these become as expensive as commercial services to run.

The Task and Finish Group heard about the new approach delivered in Dengie which commenced in September 2012. A taxi service to take people to local bus routes from Althorne, North Fambridge and Stow Maries has been introduced as a subsidised service. The service is available between 6 a.m. and 8 p.m. Monday – Saturday. There used to be five passengers a day on the bus service, but this has increased to 34. The local community has done a great deal to promote the service.

The Task and Finish Group heard that some rural buses are old and difficult to alight from. All buses, on County Council supported services, have to be DDA compliant. There was a stipulation that buses should not be over 10 years old, however, this changed in September 2012. So now older buses are being used.



It was confirmed that commercial bus services run entirely outside the jurisdiction of Essex County Council. There is a lack of understanding about this from the general public who raise complaints about these services to Essex County Council. Commercial operators register routes and timetables with the Traffic Commissioner and then operate the service. If a commercial operator withdraws a service the County considers whether the route can be replaced. There is a notice period of 56 days for operators if they wish to make any changes to the service. At this point, Essex County Council monitors the situation to decide if any part of the service needs replacing. The Transport Act, 1985 set-up this free-market approach to public transportation.

Parts of Essex are in the Transport for London (TfL) and these buses have centre-exits. The Task and Finish Group heard that centre-exit buses are discouraged in Essex due to the infrastructure in the county. Centre-exits reduce seating capacity and seats are more important to older people than being able to exit the bus at a central point. Bus drivers prefer a single exit point near to them as it provides social interaction with passengers.

### Loneliness and Isolation

#### **RECOMMENDATION 8**

**The Campaign to End Loneliness work being undertaken at the Authority should be brought to the attention of the Health and Wellbeing Board and measures should be taken to address the effects of social isolation on health.**

**Owners:** Leader of the Council as Chairman of the Health & Wellbeing Board

**Implementation Review Date:** October 2013

**Impact Review Date:** April 2014

There are two main types of loneliness: social and emotional, which is defined as a self-identified feeling of negativity through lack of contact with and missing a significant individual or even a pet; the focus of ECC is on social loneliness which it is possible to do more to counter by providing opportunities for people to build relationships once again.

The common factors that result in loneliness have been researched and, as a result, an *Isolation Index* has been produced which can be used as a loneliness measure. The Task and Finish Group saw a coloured map highlighting the areas in Essex where one might expect levels of loneliness to be high or low. This map uses the *Isolation Index* and gives a statistical measure of loneliness, based upon a combination of Indices of Multiple Deprivation (IMD) (although loneliness per sé has not been used as an IMD) and selected criteria in the commercial MOSAIC database. The data and the map can be used to prioritise an approach to loneliness in a particular area. There has been a great deal of interest in the work from other Local Authorities and the Department of Health, and preliminary discussions have taken place. The Essex Coalition of Disabled People (ECDP) have been funded to undertake a test and learning project to apply the data from the *Isolation Index* and relate this to disability as an additional issue. They have been tasked to look for lonely people with disabilities and have a conversation with them about their aspirations and ambitions and then work with them to rebuild social activity. This will

test the model and the ECDP will work with the individuals to tackle their loneliness. The Task and Finish Group would have liked to follow this up but were unable to do so due to the lack of time.

The MOSAIC data (see Annex B) is allowing officers to produce a gap analysis, but the issue of loneliness is considerable. Many CVSs are providing activities which enable social interaction and reduce loneliness and isolation. Age UK and the Campaign to End Loneliness are bringing together Voluntary Organisations whose activities reduce social isolation so that they may be aware of each other and can possibly work more closely together. The Task and Finish Group believe the CVSs and District/Borough/City Councils could assist in mapping activities related to reducing social isolation in the county, and that they work with Healthwatch to avoid duplication. **The Task and Finish Group recognised they could not formalise this as a recommendation but would encourage them to consider participating in this.** A special supplement on loneliness is being delivered to the refreshed Joint Strategic Needs Assessment.



The Campaign to End Loneliness chose Essex to be its pilot. Awareness of loneliness as a health issue has been brought to the notice of the Health and Wellbeing Board. Essex County Council had a countywide campaign which included a BBC Essex phone-in; there will also be a set of articles going into parish magazines and an ongoing feed into local papers.

A Lent Invest scheme has been established in partnership with the Chelmsford Diocese, whereby people are asked to give of their time to deliver a community initiative. This scheme has been endorsed by the Bishop of Bradwell and he is actively promoting the campaign throughout south Essex and into the London Borough of Havering. If successful, the Lent Invest scheme will be countywide from next year. Coming out of the Lent Invest scheme is an *Our Offering* website which is aimed at the faith community in the Diocese of Chelmsford areas. The website can be found at [www.ouroffering.org](http://www.ouroffering.org) and is a domain site for projects which whilst similar to Good for Essex includes the option for “crowd funding” and companies to offer *pro bono* services.

The Government have said they will make Local Authorities accountable for loneliness. As part of the Essex Whole Place Community Budget work the Strengthening Communities strand is attempting to increase links between communities and get them working more closely together. The work aims to have earlier interventions with older people rather than at a critical point.

Thurrock Council is in the process of appointing Local Area Co-ordinators working on similar activity as the Community Connectors. The Thurrock Co-ordinators are working within a budget entitled Asset-Based Community Development. ECC sees local-based connectors bringing about community cohesion. Potential options are being worked on and will be available shortly. ECC is looking at Community Connectors being salaried positions with Local Area Co-ordinators being a procured service. Local Area Co-ordinators work very well in both Derby and Middlesbrough.

#### **RECOMMENDATION 9**

**The Community and Older People Policy & Scrutiny Committee should support, and recommend the Authority supports the 'Gold' Campaign to reduce loneliness.**

**Owners:** Chairman of the Community and Older People Policy & Scrutiny Committee

**Implementation Review Date:** October 2013

**Impact Review Date:** April 2014

The Task and Finish Group were impressed with the work already ongoing at the Authority related to the Campaign to End Loneliness. Adult Social Care is in discussion with External Communications with regard to an ECC 'Gold' PR campaign next year on Loneliness. ECC runs annual campaigns with funding attached to them – 'Gold' campaigns receive approximately £50,000 in the year. The Task and Finish Group supported the 'Gold' campaign to end loneliness. The campaign also aims to look at inter-generational issues by getting older people into schools.

#### The Voice of Older People

#### **RECOMMENDATION 10**

**The possibility of re-establishing the Older People's Forum, along similar lines to the Young Essex Assembly, should be explored. This should include initial exploratory work to establish the effectiveness of the Fora in operation in Suffolk and Thurrock.**

**Owners:** Cabinet Member for Adults, Health and Community Wellbeing

**Implementation Review Date:** October 2013

**Impact Review Date:** April 2014

The older people's section of the Strategic Planning and Commissioning for Adult Social Care service plan was presented to the Task and Finish Group – this, and the action plan, is effectively the Older People's Strategy. A wider strategy is also being developed. A joint health and social care approach is being taken in developing the strategy.

The Task and Finish Group heard that Suffolk has a representative group of VCS organisations. This group, the Suffolk Congress has formulated Task and Finish Groups to undertake work on how they engage in a commissioning environment. This model is being looked at in Essex by Strategic Services. Given time the Task and Finish Group would have liked to have seen if this is an appropriate model that could be developed in Essex.

The strategy focuses on demand management and in this respect there is a focus on falls, continence and dementia. Work on how to prevent unnecessary falls is being developed as many people who go into hospital following a fall end up in residential care. The Task and Finish Group were informed that such a crisis situation is not a good time

for a decision to be made to be admitted into residential care, and that such decisions should be delayed.

The wider strategy document being developed will have a section on hearing the older person's voice and independent living. Intelligence from older people goes into Strategic Planning and Commissioning from the Older People's Planning Group, and the new 'Task and Finish' Group approach it will be taking via Research & Development in Strategic Services. Reference was made to the work undertaken by the disbanded Older People's Forum. Younger people have stereotypes about the wants and needs of older people and it is important that older people themselves are included when new services are planned or changes are made to existing services which are relevant to them.

#### **RECOMMENDATION 11**

**Equality Impact Assessments should differentiate 'old' older people separately on the Age section of the EIA form rather than just have a section on the consideration of age in general.**

**Owner:** Cabinet Member for Adults, Health and Community Wellbeing???

**Implementation Review Date:** October 2013

**Impact Review Date:** April 2014

The Task and Finish Group received all EIAs completed in the last six months and acknowledged them as comprehensive documents. The effect of ECC policy on 'old' older people was captured within the wide-ranging Age category of the EIAs. The needs of the frail older old are very different from those of the recently retired old, and the Task and Finish Group believe this should be captured within an explicit subset of the Age category in the EIAs.

### Health and Wellbeing of Older People

#### **RECOMMENDATION 12**

**A mapping exercise should be conducted to ascertain all Voluntary and Community Service organisations in Essex which provide services to older people. This would enable the County to highlight the gaps in provision and be of benefit to the Health and Wellbeing Board.**

**Owners:** Cabinet Member for Health and Wellbeing

**Implementation Review Date:** October 2013

**Impact Review Date:** April 2014

There is a universal recognition of the importance of the work the Voluntary and Community Sector (VCS) undertake. The Voluntary Sector Unit at ECC no longer exists but the ECC relationship with the VCS remains practical and strong through the robust alternative arrangements that have been put in place.

The VCS is vast and covers large national organisations to locality-focussed small voluntary organisations. Advocacy groups are also covered in the VCS. There is some concern that as grants disappear the VCS groups will not be able to engage within the commissioning environment, and the specifications are written in such a way that only the large providers are able to tender.

One potential outcome of the Community Budgets work would be the establishment of an Endowment Fund. The idea of this is to provide grants in a more consistent way. Any Endowment Fund would give the opportunity for sustainable investment. If this comes to fruition it is hoped it would be a whole public sector fund involving ECC, District/Borough/City Councils, CCGs, Lottery as well as some private sector funding. This could possibly be up-and-running by 2013/14. It is recognised that grants will still be needed as well as commissioning.

The Task and Finish Group were informed the Health and Wellbeing Board will be fully established from 1 April 2013 and that it will be a Committee of Essex County Council and will require approval by Full Council. The Board is also a partnership group in that the Voluntary and Community Sector (VCS), Clinical Commissioning Groups (CCGs), District/Borough/City Councils and HealthWatch are all represented alongside Members and officers of ECC. Discussion groups and workshops were held when developing the Health and Wellbeing strategy. The Older People's Planning Group and other user groups were consulted for a response to the survey undertaken. The Joint Strategic Needs Assessment (JSNA) is the main driver of the strategy in that it outlines the priorities. The Health and Wellbeing Board have agreed the represented bodies will not be foregoing any sovereignty or governance of their own bodies.

It has been recognised in the Health and Wellbeing Strategy that there are inequalities in terms of life expectancy in the county. The three priorities in the strategy are starting and developing well; living and working well; and ageing well. The ageing well priority is to ensure older people remain independent for as long as possible.

Integration of health and social care; tackling health inequalities; empowering local communities and community assets; the transformation of services; prevention and effective intervention; and safeguarding are recognised as key themes in the strategy. Prevention and reablement are regarded as effective interventions.

An outcomes framework to benchmark progress on the strategy is being developed and the considered priorities for the ageing well strand cut across each of these outcomes.

Two of the outcomes are specific to ageing well, namely maintaining independence in the home and providing better end of life care. The Health and Wellbeing Board see the ageing well agenda as key. The anticipated spend on older people to ensure independence and support in their own homes is going to rise in future years based on the demographic data available. Every Health and Wellbeing Board in the country has written a letter to support the Prime Minister's Dementia Challenge. It is also recognised that the importance of carers be considered in the strategy.





### **RECOMMENDATION 13**

**The Library Service should be more heavily promoted by Essex County Council in terms of the health, wellbeing and social benefits to older people; and the opportunities for volunteering.**

**Owners:** Cabinet Member for Customer Services, Environment and Culture

**Implementation Review Date:** October 2013

**Impact Review Date:** April 2014

It is increasingly recognised that mental and physical activity and social interaction are important in delaying the onset to dementia. In this respect the Library Service and Adult Community Learning (ACL) have a key role to play.

The Task and Finish Group heard Essex Library Service has a network of 73 libraries, 11 mobile libraries plus a home library service which reaches across Essex to around 450 people in their own homes and in care homes. As well as reading and information the Library Service has a digital/ICT offer with computers in every library, wi-fi access, on-line information and free coaching to assist people with computing; learning opportunities and support including over 400 free on-line courses; and volunteering opportunities. The Library Service has a register of 6-700 volunteers at present all adding value to the library offer. Libraries also act as community hubs where people can access a range of voluntary and statutory services and information. Some libraries host helpdesks and surgeries with, for example, the Alzheimer's Society, Age UK, Essex Police, credit unions, village agents and other charities. Libraries also support community groups by providing meeting space. As many government services are now available online only, or request an email response the digital/ICT offer at libraries helps assist isolation and exclusion.



The Task and Finish Group were informed that the Library Service supports older people through addressing loneliness and isolation; by enabling them to age well and stay independent. Libraries are places where older people can spend some time having contact with others, feel safe, access services, and support their interests keeping their minds active and remain warm in cold weather.

There are 11 mobile libraries in 727 locations including 164 care homes/accommodation for older people. This is across 232 Essex parishes. The home library service has a number of options available in terms of how it runs. Friends or neighbours can collect on someone's behalf, there may be a mobile stop close to someone's home or a volunteer may be asked to visit. Over 450 volunteers call regularly on over 1,200 customers living in their own homes, sheltered housing or care homes and act as a personal link with the library. Most of these visits are to people over the age of 80. Eligibility for the home library service is assessed, and those in receipt of the service are often referred from other agencies. The volunteers are made aware of what is going on in the local community they are visiting as well as any relevant local and national campaigns so that

they are able to keep the customer informed. One example of this was the Digital Switchover. All of this reduces the isolation of older people.

Libraries support over 600 reading groups which run independently in libraries and community venues. These are places to share reading ideas as well as giving people a chance to socialise and meet with other people. There are also a few specialist groups which meet in library premises such as groups for visually impaired people and 'knit and natter' groups.

The Library Service provides books in large print, audio CD and by-post (via the RNIB) Talking Books, DVDs with captions and audio descriptions and also has induction loops.

The Task and Finish Group also received additional written evidence related to research on the impact of library use on the wellbeing of older customers and the use of the mobile and home library services.

#### **RECOMMENDATION 14**

**Any future Essex County Council Lifelong Learning Strategy should go beyond the age of 65 and capture the learning needs of older people.**

**Owners:** Cabinet Member for Education, Lifelong Learning & the 2012 Games

**Implementation Review Date:** October 2013

**Impact Review Date:** April 2014

The current ECC Lifelong Learning strategy seems to imply that lifelong learning concludes at retirement and lacked any acknowledgement of the recently retired. The importance of accredited and non-accredited learning for this body of people should be explicitly included within such a strategy – otherwise the word *Lifelong* is inaccurate.

The Task and Finish Group received data related to learners between the ages of 60 and 100 by subject area. The data seemed to show a dramatic fall-off in numbers after 2006/7 when the concessionary fees for older people were abandoned; with an increase in learners returning in 2008/9 and then a similar drop the following year. The last two years 2010/11 and 2011/12 have shown an increase in numbers but at a significantly lower level than those in 2006/7, around 65% fewer learners. The four most popular subject areas studied by the over 60's are ICT, Fitness, Arts and Crafts, and Foreign Languages and Communication. Anyone on benefits receives a 35% reduction in fees; and bursaries are available for people with a household income of less than £20,000. Informal learning organisations such as the U3A and the WEA have shown an increase in learner numbers.

The Task and Finish Group were informed about the role Adult Community Learning (ACL) has to play in the wellbeing of older people. The benefits of participating in learning as people get older were highlighted and backed up by quotes from Government and the National Institute of Adult Continuing Education (NIACE) publications. A NIACE study, conducted in 2009, listed the benefits of participation in learning by older people in care homes as improved confidence, self-esteem and a sense of wellbeing; better physical and mental health; increased mobility; improvements

in motor-skills; lower levels of depression; lessening of incontinence; less dependence on medication; faster recovery rates; managing pain and illness better; increased levels of resilience and ability to cope; changes in behaviour; maintenance, and for some, improvement of attention, communication and memory skills; reduced dependency on others; reduced isolation; development of stronger relationships; increased sociability with other older people; greater levels of engagement, by providing opinion, speaking up and communication with others; development of new skills; improved levels of motivation to participate in day-to-day activities; and greater enjoyment of life – something to look forward to and to talk to others about. In general learning does have significant benefits for older people.

The Task and Finish Group were told the minimum number of learners for an ACL course to be viable is 14; however in terms of older people ACL would likely run a course if there were eight learners. ACL is trying to find some way of getting a discount for older learners – the concession was abandoned at the end of the 2006/7 academic year.

The Task and Finish Group were informed about the Thinking Fit programme, which was developed between ECC Adult Social Care, ACL and the North Essex Partnership Foundation Trust (NEPFT). This programme involved people in the early stages of dementia. The concept behind the programme is that learning something new stimulates the brain more than learning something one is already familiar with but at a higher level, as found in the previously referred to NIACE research. Research has shown that combining the three domains of cognitive, physical and social learning has a cumulative effect greater than the benefit of just one discipline alone, and it was this that led to the Thinking Fit research project. The project was initiated in 2009 and completed in late 2012 and was delivered in Chelmsford, Epping, Great Dunmow, Harlow and Maldon. Thinking Fit aimed to design a range of interventions to delay the onset of dementia with people diagnosed with mild cognitive impairment. The learning activities take the form of cognitive, physical and social exercises with the emphasis on meeting individual needs, respecting and recognising the wealth of talents, skills and varied experiences that each person brought to the programme. The participants were monitored over a two-year period to determine success in meeting the primary project aims; however indications showed very positive outcomes evidenced in learner feedback particularly in trying out new experiences and gaining the confidence to learn new things – one participant stated that they thought they “wouldn’t be able to learn anything new and this project has proved that notion wrong”. Participants’ families have also provided feedback on the benefits of the programme. Social inclusion was a primary outcome within Thinking Fit as isolation is a recognised side-effect of dementia which increases its severity. The programme has also been made available to participants as a distance-learning package to ensure that location was not a barrier to accessing the programme. Evidence showed the programme was highly successful in engaging participants with the results appeared to demonstrate proof of the concept through increased physical and mental wellbeing and increased confidence in engaging in social interaction. Retention on the programme was 99% and many participants asked to continue to meet. At present no funding has been secured to continue with the project although NEPFT has submitted a number of funding bids.



### **RECOMMENDATION 15**

**The induction sessions for members following the 2 May 2013 elections should include Libraries and Adult Community Learning to raise awareness of the work each does to support, amongst others, older people.**

**Owners:** Cabinet Members for Customer Services, Environment and Culture; and Education, Lifelong Learning & the 2012 Games

**Implementation Review Date:** October 2013

**Impact Review Date:** April 2014

The Task and Finish Group were impressed by the range of, and innovative activity, conducted by the Essex Library Service and ACL and would wish this to be brought to the attention of new Members.

### **Concluding Remarks**

During the course of the four meetings of the Task and Finish Group it was recognised that there is still a much work to be undertaken to break down barriers that exist within the structure of the County Council and service areas, in terms of silo working, which make it difficult for individuals to fully understand the impact of their service area policies on other service areas, for example falls and trips on the pavement have an impact of adult social care. A case study included within the Age UK *Pride of Place* report is an example of this:

While walking to the bus stop, 81-year old Phil Healey tripped over a tree root that was breaking through the paving. Mr Healey fell flat and banged his forehead and hurt his left hand and right knee as he tried to break his fall.

Fortunately some passers-by were on hand to help him to a nearby seat and call for an ambulance to take him to the local hospital. He was discharged later that day.

Following his experience he phoned the local council to tell them about the pavement and asked them to mend the areas where the tree roots were protruding by nearly five inches. Even though he had taken pictures and shown the walkway was uneven the council has not yet made any repairs, as it argues that there is no dangerous edge.

Mr Healey has had to go back to hospital for further tests and treatment, he has received physiotherapy to help manage the pain and regain his mobility.

Witnesses who gave evidence learned from each other and this approach enabled conversations to be held, outside of the formality of meetings, which may benefit older people in the medium to long-term.

The need for appropriate housing for older people was referred to by Task and Finish Group Members. This might be suitably adapted general housing, sheltered housing or

other specialist provision. Housing is not an Essex County Council responsibility, but it is hoped that County Councillors who are also District/Borough or City Councillors can raise this issue within these local authorities.

## **Acknowledgements**

The Task and Finish Group would wish to thank the following for providing oral and written evidence across four meetings:

Greg Myddelton, Senior Policy and Strategy Manager (Adults); Strategic Services  
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Gary Raynor, Senior Commissioning Officer; Adults, Health & Community Wellbeing  
John Pope, Head of Passenger Transport; Highways & Transportation  
Chris Stevenson, Head of Transportation, Highways & Transportation  
Alastair Southgate, Transportation Strategy Manager, Highways & Transportation  
Linda Flynn, Senior Commissioning Manager; Adults, Health & Community Wellbeing

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Homa Khaleeli, The Guardian, 22 January 2013: Britain's loneliness epidemic

Brian Keating, DWP and Guy Robertson, LGA: Presentation to the Ageing Well programme legacy

LGA, Ageing Well: a whole system approach – a guide to place-based working

Age UK: Pride of Place report

LGA/CfPS: A good place to grow older? Ten questions to ask if you are scrutinising local preparation for the ageing society

Charles Musselwhite, The International Journal of Education and Ageing, Vol. 1, number 2 (2010): The role of education and training in helping older people to travel after the cessation of driving

## Scoping Document for Scrutiny

<b>Committee</b>	Community & Older People Policy and Scrutiny Committee	
<b>Topic</b>	Ageing Well Agenda	Ref: CWOP-SCR
<b>Objective</b>	<p>To identify which service areas within Essex County Council are dealing with older people's issues or undertake work which affects older people.</p> <p>To consider how the loneliness and isolation of older people can be addressed.</p> <p>How are the views and needs of older people communicated to Essex County Council?</p> <p>To identify which third sector organisation exist in Essex to support older people and how their service to older people is affected by changes within the County Council (e.g. Commissioning)?</p> <p>Awareness of Housing issues (those who are District/Borough/City Councillors)</p>	
<b>Reasons for undertaking review</b>	<p>To link with the Department for Work and Pensions Ageing Well strategy</p> <p>The CfPS highlights best practice in linking with the DWP Strategy</p> <p>To increase the awareness of loneliness as a public health issue</p> <p>To ensure effective communication between older people and ECC</p> <p>To examine the effect of changes in the relationship between ECC and the VCS sector by linking with that sector</p>	
<b>Method</b> <ul style="list-style-type: none"> <li>• Initial briefing to define scope</li> <li>• Task &amp; Finish Group</li> <li>• Commission</li> <li>• Full Committee</li> </ul>	Task and Finish Group once the scope of the item is agreed.	
<b>Membership</b> <i>Only complete if Task and Finish Group or Commission</i>	Councillor Janet Whitehouse (Chairman), Councillor Lyn Barton, Councillor Dick Madden, Councillor Chris Pond (for transportation issues), Councillor Colin Riley. Maureen Montgomery (OPPG) is a co-opted member.	
<b>Issues to be</b>	<ul style="list-style-type: none"> <li>• Isolation and loneliness</li> <li>• Does ECC communicate clearly what services it provides to older</li> </ul>	

<b>addressed</b>	<p>people and does ECC effectively promote these services?</p> <ul style="list-style-type: none"> <li>• How do ECC service areas which affect or are working with older people, operate?</li> <li>• The effect of changes in the relationship between ECC and the VCS</li> </ul>
<b>Sources of Evidence and witnesses</b>	<ul style="list-style-type: none"> <li>• Officers of the Authority</li> <li>• Members of the ECC Older People's Planning Group</li> <li>• Service users</li> <li>• VCS organisations</li> <li>• Cabinet Member</li> <li>• Libraries</li> <li>• Passenger Transport</li> <li>• Adult Community Learning</li> <li>• Adult Social Care</li> <li>• Highways</li> <li>• Village Agents</li> <li>• Churches</li> <li>• DWP Ageing Well reports and Campaign to End Loneliness reports</li> </ul>
<b>Work Programme</b>	Scoping document to be considered and agreed at the 12 July 2012 Committee. Task and Finish Group meeting dates to be agreed once membership confirmed.
<b>Indicators of Success</b>	Practical outcomes bringing service areas together and improved liaison between service areas. There should be an acknowledgement of the part the Transformation process will have on the work of the Task and Finish Group in its final recommendations to the Committee and Cabinet Members in looking at future work and strategic and structural changes.
<b>Meeting the CfPS Objectives</b> <ul style="list-style-type: none"> <li>• <i>Critical Friend Challenge to Executive</i></li> <li>• <i>Reflect Public voice and concerns</i></li> <li>• <i>Own the scrutiny process</i></li> <li>• <i>Impact on service delivery</i></li> </ul>	<ul style="list-style-type: none"> <li>• Impact on service delivery</li> <li>• Reflect public voice and concerns</li> </ul>
<b>Diversity and Equality</b> <i>Diversity and Equality issues are to be considered and addressed.</i>	To be completed.
<b>Date agreed by Committee</b>	To be considered 12 July 2012
<b>Future Action</b>	To be agreed

<b>Governance Officer</b>	Robert Fox	<b>Committee Officer</b>	Graham Hughes/Matthew Waldie
<b>Service Lead Officer(s)</b>	To be confirmed		

### Social Isolation in Essex

#### ***Using Mosaic Customer Profiling Toolkit to map older residents vulnerable to Social Isolation and Loneliness***

10% - 14% of all older people self-identify as lonely, in Essex this relates to 26,000 to 36,000 people. There are many negative outcomes associated with loneliness and isolation including: reduced longevity, depression, poor quality of life; early onset and faster progression of dementia. It is also associated with admission to residential care.

There is no measurement which can directly determine where in the county isolation affects residents. To make an estimation we have created an 'isolation index' using variables that literature indicates are potential drivers of isolation. These include identifying areas where residents are:

- Single pensioners
- Widowed
- Retired
- Unlikely to meet friends family regularly
- Unlikely to interact with neighbours
- Poor health
- Permanently sick
- Suffering from depression
- Suffering from poor mobility
- Visually impaired
- Hard of hearing
- Struggling financially
- Not employed (Part-time, Full-time, self employed)
- Less educated (No further education, no degree)

To create the index, the customer profiling toolkit Mosaic was used. Mosaic contains an individual index score for each of the variables identified above at a household level. An index score of 100 for 'Widowed' would mean that the likelihood that the household contains a widow is the same as the average for the UK. A score of 200 would illustrate that the household is twice as likely to contain a widow. A score of 50 would mean the household is half as likely.

All the index values for the above variables were extracted at a household level and combined to make a social isolation index. Different scenarios were explored by placing weighting on the variable values.

The scenarios were as follows:

**Uniform** – all variables equal. No weighting applied and all variables had the same impact on the overall social isolation index.

**Age/Single/Health** – Emphasis on older people that are widowed and in poorer health

**Contact/Health** – Emphasis on health and contact with friends/relatives/neighbours

**Contact** – Emphasis purely on contact with friends/relatives/neighbours

**Bereaved/Contact** – Emphasis on widowed and contact with friends/relatives/neighbours

**Health** – Emphasis on poor health

**Finance** – Emphasis on financial struggles

**Lonely** – Greater emphasis on contact with friends/relatives/neighbours plus age/widowed

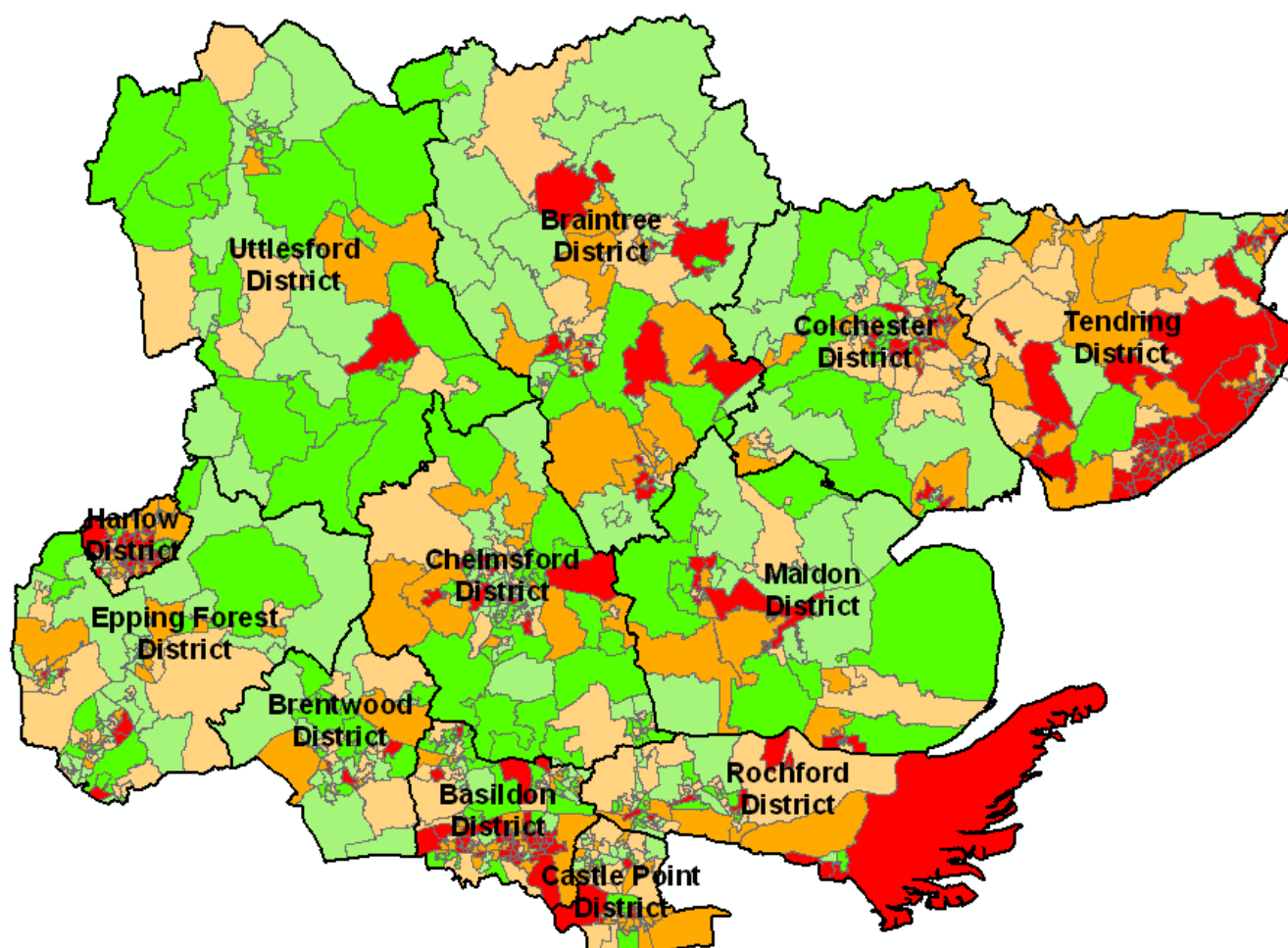
### **Lower Super Output Area (LSOA) Isolation mapping**

Once the indices were created for the scenarios above scores were created at two geographical levels – Household and Lower Super Output Area (LSOA).

Lower Super Output Area allows us to see clusters of households that are potentially vulnerable to isolation – and household level allows us to drill down further and pin-point households that demonstrate the variables associated with isolation.

Firstly, Isolation at an LSOA level was explored to give an idea of potential hot-spots. The household indices were aggregated up to LSOA level and split into quintiles. The map below shows the 'uniform' scenario with the **red** LSOAs the most vulnerable (highest quintile) and the more intense green the least vulnerable:





The map above highlights areas that one might expect, particularly within Tendring, but also highlights areas not traditionally targeted such as Colchester. There are also some more random smaller pockets of isolation scattered throughout the county.

When looking at LSOA quintiles for all other scenarios there was little change of great significance using weighting variances of between 0.5 and 2 (i.e. twice as important). An LSOA would only move a maximum of one quintile (for example from 'above average' to 'highest').

We then further stressed the model by taking the "Lonely" scenario and increasing the weighting to 3 times. Again this had limited effect.

This indicates that changing weighting to individual variables had minimum effect on 'isolation' at an LSOA level. In fact the correlation between the 'uniform scenario' and the altered scenarios was near perfect (values above 0.98). This allows us to purely focus on just one of the scenarios – in this instance, the 'uniform scenario'.

The maps for other scenarios (at an LSOA) level are available if required.



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