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**Minutes of the meeting of the People and Families Policy and Scrutiny Committee, held in Committee Room 1 County Hall, Chelmsford, CM1 1QH on Thursday, 15 March 2018**

**Present:**

County Councillors:

M Maddocks (Chairman)

J Baker

T Ball (substitute)

J Chandler

J Henry

S Hillier

J Lumley

P May

M McEwen

J Moran

P Reid

The following officer was present in support of the meeting:

Graham Hughes, Senior Democratic Services Officer

- 1 Membership, Apologies, Substitutions and Declarations of Interest**  
The report of the Membership, Apologies, Substitutions and Declarations was received and noted. Apologies for absence had been received from Councillors Egan, (for whom Councillor Ball substituted), Erskine, Souter, Wagland and Wood (for whom Councillor Hillier substituted). There were no declarations of interest

- 2 Minutes**  
The minutes of the meeting held on 8 February 2018 were approved as a correct record and signed by the Chairman.

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

- 4 Update on the Essex Safeguarding Adults Board**

The Committee considered report (PAF/06/18) providing an update on a review undertaken of changes made to the County Council's domiciliary care charging policy.

The following joined the meeting to introduce the item and participate in subsequent discussion.

Councillor John Spence, Cabinet Member – Health and Adult Social Care  
Andrew Spice, Director, Strategic Commissioning & Policy (ASC)  
Fiona Davis, Director, Safeguarding & Quality Assurance (ASC).

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### Background

The cost of domiciliary care was either fully or partly met by ECC, depending on the financial status of the person. Having decided to charge, a local authority must do so in line with statutory guidance. The guidance covers both the treatment of income and capital and the identification and correct attribution of Disability Related Expenditure (DRE). Adults are assessed on the basis of the individual income and capital net of any housing or tenancy costs.

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

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

At Full Council in October 2017, the Cabinet Member for Health and Adult Social Care agreed to assess the implementation of the changes to ECC's domiciliary care charging policy introduced in April 2017. The review did not revisit the taking of the actual decision itself. The Cabinet Member was satisfied that the decision and changes had been properly implemented.

### Additional revenue and modelling

Additional revenue generated from the changes had been calculated as approximately £10.3 million, an increase of £6 million on the figure anticipated in the Cabinet Decision. The additional revenue had resulted from (i) over conservative modelling assumptions and (ii) social care practice issues that were uncovered. Some process issues had been identified and being addressed as part of an ongoing organisational redesign. In particular, changes to the capital threshold could be modelled reasonably accurately but differences had been identified in how Disability Related Expenditure was approached and calculated.

The modelling had been prudent and undertaken in house-and whilst it had undershot the actual figures it had still been within the broader parameters set for the implementation of the changes.

### Assessing ability to pay and charging

Recipients of domiciliary care were assessed for their ability to pay and contribute towards the cost of the service they were receiving and this was

calculated according to the amount of income and capital the individual held. A minimum income guarantee was set out in statutory guidance.

Assessments were expected to be undertaken in a timely manner within a 28 days' timeframe. It was agreed that further information be provided to members on the controls and monitoring in place to prevent property transfers to avoid liability. **Action: Cllr Spence**

In response to a member question it was confirmed that Essex MENCAP had raised significant concerns and reported significant price rises for their members. The Cabinet Member confirmed that he had responded to MENCAP and offered to meet them to discuss their concerns further. However, he believed that ECC had enough safeguards in place to ensure compliance with statutory guidance on charging and to preserve the statutory defined minimum income guarantee. However, he would be receptive to listening to further comments and suggestions from users and representative groups such as MENCAP.

It was stressed that no one paid more than the cost of the care that they receive and in most cases it will be subsidised. There would be cases where bills will go down as capital reduces and the subsidy increases.

#### Change management

It was acknowledged that during implementation there had been an under-estimation of the amount of change management needed (communications, quality assurance frameworks etc) and lessons on this had been learnt for the future. Every service user had unique circumstances which added complexity to any analysis and modelling. A new quality assurance framework had been established to give a better overview of how ECC were implementing the charging policy and Disability Related Expenditure across the county.

#### Benchmarking

Essex did benchmark against other local authorities in relation to the policies being implemented. It was considered that the consultation had been properly undertaken but, due to the complexity of the issue, it had resulted in 6000 telephone calls between 1 March 2017 and 31 August 2017 from people not fully understanding what was being proposed. Essex also had project teams that benchmarked change management at other local authorities. It was stressed that the recent changes to charging structure had actually brought Essex in line with other LAs.

#### Conclusion

The committee noted the process and change management issues that

had been identified by the review of the implementation of changes to domiciliary care charging and supported the further work being undertaken to address them.

The Chairman thanked the presenters for their attendance and Councillor Spence and Andrew Spice then left the meeting. Fiona David remained for the subsequent item.

There was a short adjournment before the meeting reconvened.

## **5 Update on the Essex Safeguarding Adults Board**

The Committee considered report (PAF/07/18) providing an update on the work of the Essex Safeguarding Adults Board. The following joined the meeting to introduce the item and participate in subsequent discussion.

Phil Picton – Independent Chairman, Essex Safeguarding Children Board (ESCB)

Fiona Davis, Director, Safeguarding & Quality Assurance (ASC)

Paul Bedwell, ESAB Safeguarding Board Manager

### Background and structure

The following was highlighted as part of an introduction on the work of the Essex Safeguarding Adults Board:

- (i) There were over 700 locations that give care or deliver care in Essex as well as other organisations from outside Essex also providing some care for Essex residents.
- (ii) Approximately 1000 safeguarding concerns were raised each month and about half those needed further formal investigations.
- (iii) There was significant reliance on GPs, police or ambulance service to flag up initial concerns around adult care and support needs.

The Board's focus was on the vulnerable and those who had specific health and care needs rather than attempting to safeguard everyone in every single circumstance. As a result recurrent issues centred on mental capacity, abuse and self-neglect with there often being a lower profile for these compared to child abuse. The Board had changed towards working as part of a partnership arrangement – it did not oversee the detailed operations of each partner but asked for reassurance on services and encouraged greater working together and sharing of information and good practice. In addition, the Business Managers from three boards (including domestic abuse board) and the Independent Chairman met regularly to share knowledge.

Whilst the safeguarding model was well embedded in children's services, adults safeguarding had been subsequently set up to mirror it to some extent.

### Legislation

Whilst children's safeguarding was very specifically led by the Department of Education, there were different government departments' involved with different legislation for safeguarding adults. As a consequence, each had different criteria and quality assurance processes although both children's and adults safeguarding had provision for serious case reviews.

Whilst legislation had previously required police to take someone into custody who appeared to have mental health difficulties and posed a risk to themselves and others, it now did not direct them to be taken to police stations and instead expected other places of safety to be used. This issues had been considered by the Board which had demonstrated good partnership working in finding and designating places of safety in Essex that were not police stations. **Action:** it was agreed that further information on this would be provided for the Committee.

### Deprivation of liberty safeguards

Whilst it was not the role of the Board to look at the circumstances of each deprivation of liberty case it may look at the actual process and how someone's liberty is actually deprived.

### Autism

The Health and Wellbeing Board was developing an all age autism strategy. In connection with that, the ESAB was looking at where individuals fell just below the threshold for statutory agencies to work with them and further develop a system where people were more used to multi agency discussions as part of finding solutions for those cases.

### Assurance and information control

There were protocols about the sharing of personal information for all agencies. The Board had not found instances of the sharing of information being blocked due to concerns about data protection. It was stressed that the last Coldicott principle clearly required that if there was any chance that a person could be at risk of harm then information should be shared with appropriate agencies.

Members queried how broader assurances being given to the Board could

be assessed and validated. The Independent Chairman advised that it often could be achieved informally outside of the formal meeting talking to both those represented on the board and others.

In response to questioning from members on the recourse and powers available to the Independent Chairman, Mr Picton confirmed that he could direct the board if he feels they are approaching something wrongly or were coming to a decision that he could not endorse. Ultimately, he could escalate his dissatisfaction to the county council, Health and Wellbeing Board, scrutiny committee, or media if he felt it necessary.

The witnesses then left the meeting.

### Victim Support Essex

After a short adjournment, the meeting reconvened to discuss safeguarding arrangements with Zoe Williams, Senior Manager; Victim Support Essex.

During discussion the following was highlighted:

- New Assessment Centre would be more streamlined from April providing one initial contact so a person did not have to continually repeat their story.
- There needed to be better communication on referrals to help referrers make good quality referrals.
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- Reporting back to the referrer on whether the referral was being progressed was not good and remained an issue. When make referrals the case managers will keep phoning the client to check if they have heard anything. Other agencies may be able to help if the outcome of the referral was known. It was queried whether the victim would come back to Victim Support anyway?
- The ESAB did provide some good safeguarding training but courses often filled up quickly.
- NSPCC level 2 basic safeguarding awareness training was provided for volunteers. There was also senior management team training to support volunteers. However, there was no formal induction programme.
- There still remained issues around managing transition between services. It was suggested that there could be greater flexibility and continuity of key case workers across the transition.
- Whilst the Board may not have the highest profile, most people would only become aware of it when they were actually seeking

support. There could be greater responsibility between agencies to share raising that profile.

- It was the responsibility of Victim Support Essex's four case managers to work closely with community safety partnerships.
- On average 10-12 people were identified for support from Victim Support Essex each day with self-referrals on top of that figure making a total of up to 18 per day. Most support lasted 3-6 months although it could be longer for children and young people.

### Conclusion

It was agreed that the Committee would follow up on the issues raised when they next considered the work of the ESCB in September. In the meantime, they would also be raised by the Chairman at his next 'catch-up' meeting with the ESCB Independent Chairman.

## **6 Work Programme**

The Committee considered and noted report (PAF/08/18).

## **7 Date of next meeting**

The next Committee activity day is scheduled for Thursday 12 April 2018. Activity days may be a private session, meeting in public, briefing, site visit etc – to be confirmed nearer the time

There being no further business the meeting closed at 1.15pm.

**Chairman**