Essex County Council

People and Families Policy and Scrutiny Committee

10:15	Thursday, 18 March 2021	Online Meeting

The meeting will be open to the public via telephone or online. Details about this are on the next page. Please do not attend County Hall as no one connected with this meeting will be present.

For information about the meeting please ask for:
Graham Hughes, Senior Democratic Services Officer
Telephone: 033301 34574
Email: democratic.services@essex.gov.uk

Essex County Council and Committees Information

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Members of the public will be able to view and listen to any items on the agenda unless the Committee has resolved to exclude the press and public from the meeting as a result of the likely disclosure of exempt information as defined by Schedule 12A to the Local Government Act 1972.

How to take part in/watch the meeting:

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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.

		Pages
***	**Private Pre-Meeting for PAF Members Only** Please note that Members are requested to join via Zoom at 9.15am for a pre-meeting.	
1	**Membership, Apologies, Substitutions and Declarations of Interest**	4 - 4
2	**Minutes: 14 January 2021** To approve as a correct record the minutes of the meeting held on 14 January 2021.	5 - 12
3	**Questions from the Public** A period of up to 15 minutes will be allowed for members of the public to ask questions or make representations on any item on the agenda for this meeting. No statement or question shall be longer than three minutes and speakers will be timed. If you would like to ask a question at the meeting, please email democratic.services@essex.gov.uk before 12 Noon on the working day before the meeting (Wednesday 17 March).	
4	**Children and Families Services - update**	13 - 37

5	**Task and Finish Group Report - Domiciliary Care**	**38 - 74**

6 Date of Next Meeting

To be confirmed.

7 Urgent Business

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

Exempt Items

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

The following items of business have not been published on the grounds that they involve the likely disclosure of exempt information falling within Part I of Schedule 12A of the Local Government Act 1972. Members are asked to consider whether or not the press and public should be excluded during the consideration of these items. If so it will be necessary for the meeting to pass a formal resolution:

That the press and public are excluded from the meeting during the consideration of the remaining items of business on the grounds that they involve the likely disclosure of exempt information falling within Schedule 12A to the Local Government Act 1972, the specific paragraph(s) of Schedule 12A engaged being set out in the report or appendix relating to that item of business.

8 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.

Agenda item 1

Committee: People and Families Policy and Scrutiny Committee

Enquiries to: Graham Hughes, Senior Democratic Services Officer

Membership, Apologies, Substitutions and Declarations of Interest

Recommendations:

To note

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

Membership (Quorum: 4)

Councillor J Chandler	Chairman
Councillor J Baker	Vice-Chairman
Councillor J Deakin	
Councillor B Egan	Vice-Chairman
Councillor M Durham	
Councillor C Guglielmi	
Councillor M Hardware	
Councillor J Lumley	
Councillor P May	
Councillor R Pratt	
Councillor P Reid	
Councillor C Souter	
Councillor M Steptoe	
Councillor L Wagland	

Non-elected Members
Christine Martin (St John Payne Roman Catholic School - Catholic diocese representative)

Co-opted educational representative members may advise and vote on all matters relating to children's services in schools. Two places are available for church Diocesan representatives. Two further places are available for parent governors at maintained schools in Essex (one primary and one secondary school). To date one representative are in place as indicated above.

Minutes of the virtual meeting of the People and Families Policy and Scrutiny Committee, held at 10.15am by video conference on Thursday, 14 January 2021

Present:
County Councillors:
J Chandler (Chairman)
J Baker (Vice Chairman)
J Deakin
M Durham
B Egan (Vice Chairman)
C Guglielmi
J Lumley
P May
R Pratt
P Reid
C Souter
M Steptoe
L Wagland
Non-elected Members:
C Martin (Catholic Diocese representative)

Sharon Westfield de Cortez from Healthwatch Essex, Graham Hughes, Senior Democratic Services Officer and Gemma Bint, Democratic Services Officer, were also present throughout.

1 Membership, Apologies, Substitutions and Declarations of Interest

The report on Membership, Apologies, Substitutions and Declarations of Interest were received and the following was noted:

- Emma Rigler was no longer eligible to serve as an educational representative on the Committee due to a change in employment.
- An apology of absence had been received from Councillor Michael Hardware.
- Councillor Mark Durham declared an interest in that he was a Governor for the Essex Partnership University NHS Foundation Trust.

2. Minutes

The draft minutes of the meeting held on 7 December 2020 were approved as a true record and signed by the Chairman.

3. Questions from the public

There was one question from the public relating to agenda item 4 that followed, it was indicated that the issue raised would be addressed during the discussion of the item.

4. Special Educational Needs and Disabilities (SEND) - Joint Care Quality Commission (CQC) and OFSTED Inspection

The Committee considered report PAF/01/21 comprising an update on the progress of improvement actions required in response to the CQC/OFSTED inspection of SEND services in Essex.

The following joined the meeting to introduce the item:

County Councillor Ray Gooding, Cabinet Member – Education and Skills;

Clare Kershaw, Director of Education – Essex County Council;

Ralph Holloway, Head of SEND Strategy and Innovation - Essex County Council;

Lianne Nunn, Associate Director of Nursing - Mental Health and Children at Ipswich and East Suffolk Clinical Commissioning Group;

Lisa Nobes, Director of Nursing and Clinical Quality - Suffolk and North East Essex Integrated Care System.

During the discussion the following was acknowledged, highlighted and/or noted:

(i) Since the last update, progress had been made towards the three main areas of weakness that were identified in the inspection report although it had been impeded by the pandemic.

(ii) Over-identification of moderate learning difficulties (MLD) –

- Data had been gathered from schools showing their identification of those needing SEN support. This had resulted in being able to determine whether the school was over identifying MLD. Data collected was discussed at various quadrant and county level forums.

- Training had been delivered on the identification of needs to all Inclusion Partners and Educational Psychologists. Training would be delivered to schools and settings to improve accurate assessment of need.

- There was now a greater awareness of speech and language needs as a result of the work done which might have some commissioning implications in the future.

(iii) Joint Commissioning –

- This was probably the biggest challenge of all with the regulatory inspection reporting too much variation and inconsistency and long waiting times.

- An over-arching joint commissioning group led by North East CCG had been established. All parties and parents were well represented, and the Essex Family Forum were part of each of the different workstreams in the group.

- Additional capacity had been provided from health colleagues.

(iv) Quality of Education Health and Care Plans (EHCP)

- Isos had been commissioned to a lead comprehensive review of Essex's arrangements for SEN assessment and planning.

- There was an advisory group across schools and settings that looked at what Essex were planning to implement.

- There was a focus on the decision making process for assessment and issuing of plans, looking at the role of health and social care to help decisions around assessments and planning and reviews and ensuring that plans were fit for purpose and specific to each individual.

- Co-production work was going to take place with the Essex Family Forum focussed on thresholds for assessment and looking at the quality of the offer in place for young people and the quality of communication with parents.

(v) Partners would have expected a re-inspection within 18 months' but the pandemic now meant that that timing would be fluid. CQC/OFSTED would potentially be invited for an interim visit in the summer term to understand the progress that had been made.

(vi) The importance of variations between the CCGs was highlighted and the need to work together to ensure all children across Essex had the same level of service.

(vii) The Committee was reassured that every ECHP was looked at through the annual review process. Unfortunately, due to Covid, the ability to look strongly into every plan in Essex during the last year had been impacted. Changes were being made to the system that would benefit all plans and ensure every new plan would be of much higher quality. When plans had been identified as not meeting needs, officers had responded immediately.

(viii) There were two ways the variation between CCGs was being tackled - through more focus on joint commissioning arrangements and the Essex SEND health group was encouraging all health colleagues to use the same assessment, therapies and assurance processes for EHCPs.

(ix) Two new posts had been put in place titled Navigators to help design a new system, they would speak to parents and partners to find out what they would need and help them find the answers in the quickest way possible. The Essex Family Forum were a key partner in this and had been working with the Navigators.

(x) The Committee was reassured that SEND improvements had been happening before the CQC/OFSTED inspection took place. The County Council's SEND services had been completely reconfigured with investment in additional capacity.

(xi) A number of posts such as Inclusion Partners, Educational Psychologist and a School Effectiveness Partner, were now in place which helped schools to identify and meet the needs of children requiring SEND support.

(xii) A concern was raised regarding early intervention and identification of special needs in early years settings. It was confirmed that relationships were being established with the early years sector and it was assured that support and training would be made available.

Conclusion:

It was **agreed:**

(i) that a further comprehensive update be scheduled in approximately 6 months' time to include the Early Years pilot programme in west Essex supporting SEND pupils transitioning between services.

(ii) The next update to expand on the key role and voice of the Essex Family Forum, and what is done in response including the help available for parents and building their contribution to, and understanding of, the annual review process.

The contributors were thanked for their attendance and left the meeting. The meeting adjourned at 11.40 and reconvened at 11.45.

5 Task and Finish Group – Drug gangs, knife crime and County Lines

The Committee considered report PAF/02/21 comprising an update on the conclusions and recommendations in the Task and Finish Group which were endorsed by the Committee in September 2020.

The following joined the meeting to respond to the update on the conclusions and recommendations in the report:

County Councillor Dick Madden, Cabinet Member – Performance, Business Planning and Partnerships;

Michael O'Brien, Head of Specialist Education Services – Essex County Council;

Andy Prophet, Assistant Chief Constable – Essex Police

Councillor Guglielmi, as Lead Member of the Task and Finish Group, introduced the item and invited Councillor Madden, Michael O'Brien and Andy Prophet to update on each of the recommendations. During the discussion the following was highlighted, suggested and/or agreed:

(i) Recommendation 1 -

- A workstream was being processed aimed at reviewing and redesigning the offer to all young people "Not In Full Time Education". It was confirmed work had to be undertaken with the Pupil Referral Units to ensure the offer was relevant to all young people.

(ii) Recommendation 2 –

- It was confirmed that the Violence and Vulnerability Unit (VVU) had been very active in communicating with and harnessing the resources of community and voluntary organisations across Essex. The VVU would be commenting further on this in their annual report which would be shared with members of the Committee when it had been published.

(iii) Recommendation 3 –

- This had been tasked to, and would be followed up with, the Health Overview Policy and Scrutiny Committee Chairman.

(iv) Recommendation 4 –

- Councillor Madden highlighted that, in the view of the Local Government Association (LGA), the permitted development rights process was a national issue. The LGA were developing a national protocol for out-of-area placements and homelessness and dispute resolution process. A draft would be sent out to all local authorities at the end of January for a six-week consultation.

(v) Recommendation 5 –

- The VVU's Annual Report would outline how funding was used (and would be used) and associated performance evaluation frameworks. Southend and Thurrock Councils had not directly contributed to the partnership.

(vi) Recommendation 6 –

- Whilst there would not be an immediate review of the leadership of key strategic groups, this would continue to be monitored to ensure that a strong diverse leadership was in place.

(vii) Recommendation 7

- A communications lead would further enhance communications with communities as part of further building community resilience.

(viii) Recommendation 8 –

- The Committee was reassured that communications had improved and evidence of this would be shown in the VVU Annual Report.

Conclusion:

It was **agreed** to recommend to the new committee membership that it should continue to monitor progress (including the impact of Covid).

6. Work Programme

The Committee considered and noted report PAF/03/21 comprising the current work programme for the Committee. Some changes would be made to the work programme due to pandemic pressures

7. Date of Next Meeting

It was noted that the next meeting was currently scheduled to be held on Thursday, 11 February 2021. It was noted that it was likely to be re-arranged to an alternative date.

There being no further business the meeting closed at 12.55pm.

Chairman

APPENDIX: Text of Public Question relating to Agenda item 4

Representation to People & Families Policy & Scrutiny Committee

Special Educational Needs and/or Disabilities – Care Quality Commission and OFSTED Inspection

We have viewed the Agenda pack for Thursday's meeting, and would like to make the following representation on behalf of the SEND families we represent as the appointed Parent Carer Forum for Essex.

Potential Over-identification of Moderate Learning Difficulties

Early findings from our first Annual survey show that parents are largely unaware of their child/young person's school census category of primary need. The majority of parents responding to our survey identified Autistic Spectrum Disorder as their child's primary area of need, with MLD falling behind Speech, Language and Communication Needs and the category 'Other'. Therefore, we do agree it will be difficult to measure impact for families for the work carried out.

Joint Commissioning

The work required within this most challenging workstream will impact on the third area of weakness – Quality of EHC Plans. Despite a positive start, we feel disappointed that consensus between the CCGs on priorities and service/provider offer to children and young people with SEND is continuing to prove difficult to achieve and it is hard to see that anything other than the postcode lottery on all health services will continue, especially in respect of the Therapies provision and Assessment Pathways, which have already been badly affected by the COVID-19 Pandemic. The need for early intervention in order to ensure the best possible outcomes for SEND children in Essex seems to be forgotten amongst the discord amongst CCG Commissioners. This should surely be of the utmost concern to Essex County Council as it is the Local Authority who have an **absolute duty** (in law) to secure the provision outlined in Education, Health & Care Plans, as well this risking the Local Area failing the revisit by OFSTED/CQC Inspectors.

The SENDIASS service has recently been the subject of a much welcomed independent review commissioned by ECC, which has concluded, unsurprisingly to us, capacity of the service is hugely overwhelmed and woefully underfunded when compared to regional and national statistics. It is not meeting many of the minimum standards required by the DfE. A significant proportion of cases are in connection with appeals for refusals to conduct Needs Assessments by ECC, the rate for which is also far in excess of regional and national averages.

Quality of EHCPs

We cannot comment on the ISOS recommendations for SEN Assessment and Planning as we have not been involved. We would like to state that the Co-Production Group work we have been involved with is not considering thresholds for assessments and we would not wish to do so as this is already defined in law and will always take precedent over any internal local authority policy, as borne out by the 90%+ SEND Tribunal decisions that find against Local Authorities.

We do acknowledge and appreciate that there is a real commitment from ECC SEND Transformation & Innovation Team to move forwards with an ambitious and comprehensive (but vital) programme of improvement to SEND Services within Essex.

Children and Families Services - update

Reference Number: PAF/04/21

Report title: Children and Families Services - update	
Report to: People and Families Policy and Scrutiny Committee	
Report author: Graham Hughes, Senior Democratic Services Officer	
Date: 18 March 2021	**For:** Discussion and identifying any follow-up scrutiny actions
Enquiries to: Graham Hughes, Senior Democratic Services Officer at graham.hughes@essex.gov.uk.	
County Divisions affected: Not applicable	

1. Introduction

1.1 This is a further update on Children's and Families services and projects incorporating challenges faced as a result of the pandemic.

2. Action Required

To consider the update and identify any follow-up scrutiny actions

3. Background

3.1 This item is further to the discussion in December 2020 (the minutes are attached as Appendix 1 to this report) with the Cabinet Member – Children and Families. The Chairman has requested a further detailed update focussing on four specific areas within Children's and Families services.

The following scope and advance key lines of enquiry have been submitted by the Chairman and Vice Chairmen to Councillor McKinlay, Cabinet Member – Children and Families.

Essex Child and Wellbeing Service

(i) please confirm the finalised updated Key Performance Indicators that were agreed with Virgin Care;
(ii) to what extent are they now outcomes-based?;
(iii) how is impact being measured?
(iv) what challenges remain in assessing and measuring performance in relation to them?
(v) What are the current outlyers (i.e. where not meeting thresholds set for a Key Performance Indicator) and what can be done about them?
(vi) How is increased reach of this service being evidenced? And what aspects may still need further attention and improvement?
(vii) Children's therapy services delivered in West Essex (commissioned by West Essex Clinical Commissioning Group) are also included in the contract – has there been any development in moving similar services delivered elsewhere in Essex into the contract?

Respite Care

(i) What is the impact of the pandemic on being able to provide these services at present? Are there aspects that just cannot be delivered at the moment? If so what mitigating actions can be taken?
(ii) Can technology be used more to help foster improved relationships with parents and carers and perhaps deliver some services?
(iii) What progress has been possible with the ongoing broad review of the service with parents and carers?
(iv) Do you have a timetable in mind now to complete the review and any initial thoughts for change?

Domestic Abuse

(i) What are the current trends?;
(ii) how significant an impact has the pandemic been on current number of cases?
(iii) How is the service managing pressures at the moment?
(iv) What is being done to help safeguard those most at risk?

Looked-after children

(i) What are the numbers coming into care and are there different patterns across different parts of Essex?
(ii) Is there increased vulnerability for this cohort to exploitation by County lines and drug gangs?
(iii) How difficult is it to find placements for these children?
(iv) Who scrutinises decisions made on placements?

3.2 For all parts of the update the Chairman has asked that the following overarching questions are also addressed:

(i) How have services adapted due to the pandemic?
(ii) How are consistent services being maintained across the whole of Essex or are there particular circumstances that necessitates a differing service in places – if so, why?
(iii) How are the most vulnerable still being supported at this difficult time?

3.3 The Committee has previously highlighted issues raised by parents and carers using respite services for children and young people. The Committee have had three separate discussions and updates on this issue with the most recent detailed discussion being on 18 June 2020 with a link to the minutes of that meeting here - PAF 18 June 2020 minutes .

3.4 The last time there was separate detailed discussion about the Essex Child and Family Wellbeing Service was on 27 June 2019. A link to the minutes of that meeting is here PAF minutes 27 June 2019

The minutes of the meeting on 27 June 2019 also include the first discussion on respite care referred to in 3.3 above.

4. Update and Next Steps

4.1 Councillor Louise McKinlay, Cabinet Member – Children and Families, will be in attendance for this item.

4.2 See Appendices B and C for the update.

4.3 Next Steps are as in Action Required above

5. List of Appendices

(i) Appendix A – Extract of the minutes of the virtual meeting of the People and Families Policy and Scrutiny Committee, held at 10.15am by video conference on Monday, 7 December 2020.

(ii) Appendix B - Update from Councillor McKinlay, Cabinet Member – Children and Families, titled - Children Services Update for the People and Families Policy Scrutiny Committee, Thursday 18th March 2021.

(iii) Appendix C – titled ECFWS – Performance data and KPI data.

APPENDIX A

Extract of the Minutes of the virtual meeting of the People and Families Policy and Scrutiny Committee, held at 10.15am by video conference on Monday, 7 December 2020

5. Children and Families Services - update

The Committee considered report PAF/28/2020 comprising an update on Children's and Families services and projects.

The following joined the meeting to introduce the item:

County Councillor Louise McKinlay, Cabinet Member – Children and Families;
Christopher Martin, Director – Strategic, Commissioning & Policy (Children and Families).

The Chairman expressed concerns about the late receipt of the advance written update. However, it was also acknowledged and appreciated that the service area had been focussing on and responding to recent extraordinary pressures.

During the discussion the following was acknowledged, highlighted and/or noted:

- Government guidance had permitted some relaxation of rules and the regulations. In practice the only aspect that significantly changed was the use of virtual visiting which had received positive feedback, particularly from young people.

- Throughout Covid, the Essex Child and Family Wellbeing Service (ECFWS) had maintained services, with some moved online and, when needed, face to face contacts had continued. Next steps were to review how ECFWS could link in more closely with childcare settings to give a much deeper and comprehensive offer.

- There had been an increase in lower level referrals to Family Solutions. Child Protection Plan rates had increased since the first lockdown.

- Whilst there had not been a significant increase in children and family cases within Essex, cases had become more complex as lockdown had restricted the ability to access support early. There had been several communications to raise awareness. In April 2022 changes in the law would mean ECC would have a statutory duty to make provision for victims of domestic abuse.

- A key family project was in Tendring which was looking at support required for individual needs and not just what was needed as a parent. Further funding was going into this project to try and identify new opportunities and additional resources, especially on drug, alcohol and domestic abuse. Successful elements from the project would be taken over to Canvey Island. It was intended that the project would be brought to scrutiny in the near future.

The Working Families Programme had been adapted to respond to the pandemic. The summer camps were going to be expanded in terms of numbers of places and the geographical reach. More laptops could also be made available to vulnerable families.

- Additional Government funding was providing support to different groups although there were restrictions on how the money could be spent. Essex County Council was looking to combine targeting much of the support whilst also providing a comprehensive offer. The Essex Association of Local Councils were administering the funding to local communities. Members challenged the governance around community organisations receiving this funding. There would be an element of trust with providers but there was also a level of assurance from established working relationships and providers' own governance processes in place.

- Essex County Council were looking at how a broader respite offer and support for people could be provided, and how it could be linked with preparation for adulthood.

Conclusion:

It was agreed that a more detailed update would be scheduled in March 2021 with more information on the Virgin Care Children's Wellbeing Service and monitoring the KPIs in the contract as well as further developments on respite care.

APPENDIX B

Children Services Update for the People and Families Policy Scrutiny Committee, Thursday 18th March 2021

1. How have services adapted due to the pandemic?

1.1 Children & Families was well placed to respond to the pandemic and very quickly established the Children & Families Function Resilience Group (known as the KIT Meeting) to provide leadership throughout. During the first lockdown, as events moved rapidly, meetings were convened daily but settled proportionately, into a weekly rhythm and have remained at this level to date. This was crucial to supporting consistent standards and delivery of service across the county and provided senior managers the opportunity to share information. Additionally, in each of the quadrants the Directors of Local Delivery have continued to hold weekly meetings with their respective extended management teams to disseminate the latest information and receive feedback regarding any issues.

1.2 During the first and third lockdowns, essential duty workers continued to attend the office, in order to meet statutory duties, e.g. holding abandoned children pending placement in care, and providing care leavers with support and their weekly allowances. In consultation with colleagues in Public Health, Property, Corporate Health & Safety and Mitie, Covid-safe measures were put in place, allowing between 50% and 60% of staff to attend the office. This was essential both for their mental wellbeing and professional support and development.

1.3 The Secretary of State made the Adoption and Children Act (Coronavirus) (Amendment) Regulations 2020, to allow easements of regulatory standards affecting both social work visiting and the operation of adoption and fostering services. The only easement employed was that of virtual visiting: the authority has a statutory duty, for example to visit children subject of a child protection plan, and rather than visiting homes in person, the regulation allowed for an online call. This was essential for maintaining contact with children and their families when they had a case of Covid-19 in the household. None of the other easements were applied, as this would have been an unnecessary reduction in the quality of service.

1.4 In order to decide whether a visit should be virtual or face-to-face, a risk assessment was conducted of the child's vulnerability, and where a face-to-face visit was indicated, a second risk assessment was conducted, to identify the safest means of achieving it. This included creative ways in seeing children and families, in outdoor spaces like parks, on the doorstep in addition to within homes.

1.5 Child in Need Reviews, Child Protection Conferences and Statutory Reviews of care plans for children in care, have been held as hybrid meetings, with family members, the social worker and meeting chair in the office, and other participants joining online.

1.6 For non-statutory work, for example in Family Solutions or the Essex Child & Family Welfare Service, 'visiting' has mostly been via online meetings. Overnight short breaks for disabled children, at Lavender House and The Maples have continued, as these contribute to family stability, and prevent breakdown. The Essex Fostering Service, the Adoption Service and Children & Young People's Placement Service (CYPPS) conducted their work online.

2. How are consistent services being maintained across the whole of Essex or are there particular circumstances that necessitates a differing service in places – if so, why?

2.1 There have only been small differences in service delivery across the county, throughout the pandemic. Qualitative and quantitative data was available to the KIT Meeting, so that differences in delivery could be identified and common solutions agreed. A new Operating Model was established, to support this, and, at the time of writing, the Recovery Plan is being devised to mirror the four-step approach set out in the Government's roadmap, *Covid-19 Response – Spring 2021*.

2.2 However, it is important to recognise that delivery in pandemic conditions has been difficult and challenging and has not resulted in the same outcomes for children and their families as highlighted below:-

- In the lockdowns, there was a different rate of infection in different parts of the county, resulting in short-term service disruption;

- Calls from families, professionals and the public, concerned about children's welfare have been significantly down, compared to previous years, implying that some children and families in our community are not receiving the same level of support or protection;

- While maintaining the threshold for children entering the care system, it was harder to exit children from care safely, resulting in an increased number of placements;

- Where social workers visited virtually, they could not use all of their senses: they could not see or hear the reaction of people off camera, touch to play, or smell, which is extremely important in cases of neglect; and

- While social workers have continued to visit face-to-face, our partners have not always done so, limiting the available data in assessing risk to the child.

3. How are the most vulnerable still being supported at this difficult time?

3.1 Children & Families frontline workers have continued to visit children and families face-to-face throughout the pandemic.

3.2 Where face-to-face visits had to be shorter, or were not possible, they have been creative in their work. Yet, the throughput of work in the system has not progressed as quickly as usual, and has been more complex, due to the direct and indirect impacts of the pandemic, e.g. increased family stress, being locked down in small homes; fewer opportunities for victims of domestic abuse, to report their situation; and limited data to make assessments of risk, to the same standard, as in non-pandemic times.

3.3 Nevertheless, there have been some positive developments, too:

- Hybrid meetings had enabled GPs and Consultants to join child protection conferences. Furthermore, some young people in care have attended their statutory review meetings for the first time, citing the online experience preferable to being in the room. This has enabled better, more informed planning, and while colleagues from Essex Police were joining meetings online prior to the pandemic, we expect this solution to be available to all professionals going forward.

- The distribution of laptops and other devices, both by the Department for Education and through our own laptop recycling scheme, has meant that vulnerable children have been able to access support from their social care staff, and engage more effectively in online learning.

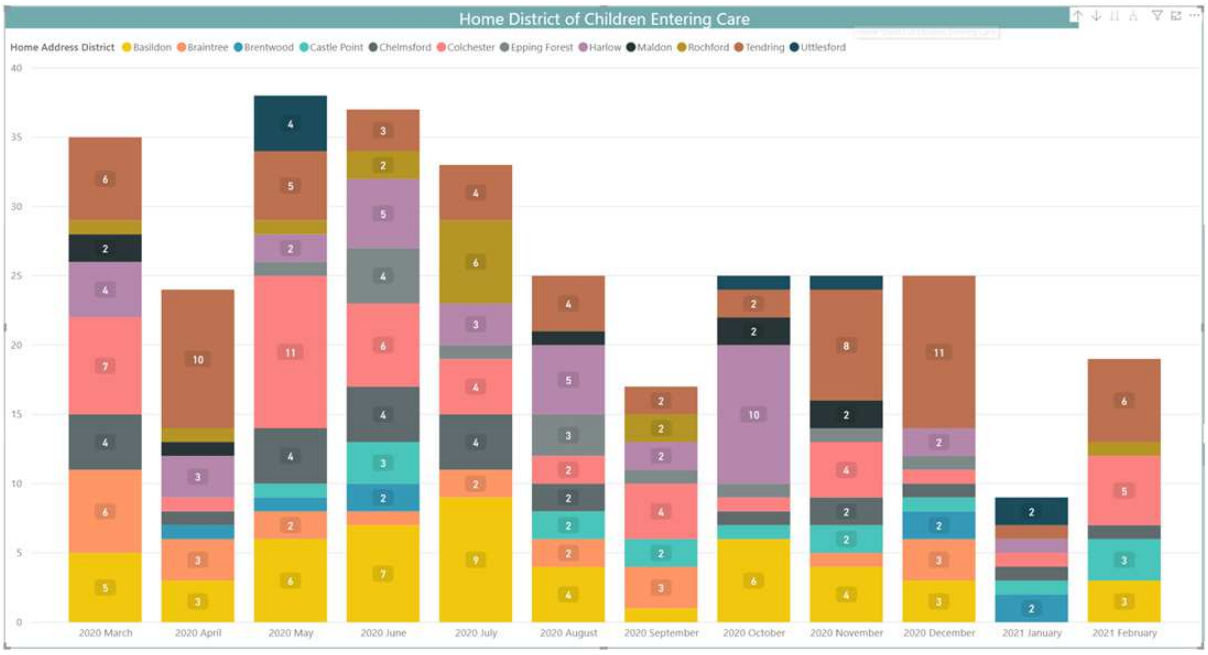
- Boredom Boxes were created packed with activities for children and young people, to help survive the lockdown; and provided food parcels to the most deprived families known to the service. These were extremely well received and helped social workers to establish good relationships with families: an essential precursor to achieving positive change for the child.

Looked-after children

4. What are the numbers coming into care and are there different patterns across different parts of Essex?

4.1 The numbers of children coming into care have fluctuated during the period of the pandemic and levels have been higher in some districts than others. Requests to bring a child into care are made to the quadrant weekly resources panels that are chaired by the Directors of Local Delivery and approval is required before permission is given for a placement search. Senior manager oversight provides an opportunity to ensure there are additional levels of scrutiny and that the right children come into the care system.

4.2 Looking at the entries into care in the table below, the districts with increases and peaks in care numbers are not surprisingly the areas that have higher levels of deprivation, poverty and significant challenges. Tendring and Basildon are dominant with some monthly peaks in Colchester and Harlow. Prior to the pandemic, Tendring had experienced persistently higher numbers of children in care which increased curiosity as to the reasons and resulted in a deep dive exercise, culminating in the allocation of additional resources. In February 2021, the Multi-Disciplinary Team was launched to work with some of our most vulnerable and complex families to effect positive outcomes and prevent escalation into the care system.



4.3 With reference to the ages of children entering care, the table below indicates an increase of babies under the age of 1 and also teenagers, with a higher proportion of 16-17year olds

coming into care. This correlates with the referrals from frontline teams to our Children and Young People's Placement Service (CYPPS) who are responsible for sourcing all accommodation for children and young people requiring care or a change in placement due to placement breakdown. At the beginning of 2021, 37% of the requests received by CYPPS, was for accommodation for the 16+ age group and 31% for 10-15 age group.

5. Is there increased vulnerability for this cohort to exploitation by County lines and drug gangs?

5.1 It is difficult to determine if the cohort of young people described above have an increased vulnerability to county lines and drug gangs as the numbers of young people being sexually exploited and criminally exploited have not significantly increased from the end of 2020 to the present. However, due to the lockdowns, the intelligence shared by partners highlights that online exploitation is on the increase. Child exploitation has become more hidden, exacerbated by less oversight of children and young people by professionals and locations for exploitation moving away from parks/high/streets/leisure venues. With the recent re-opening of schools and the roadmap for bringing some normality back for society; professionals like teachers will be more cited on the impact of the lockdown on children and young people. It is envisaged that referrals into social care and requests for statutory social work intervention will increase and are preparedness for this will be addressed in the Recovery Plan.

6. How difficult is it to find placements for these children?

6.1 The pandemic has had a detrimental impact on the sufficiency of placements for all children for a variety of reasons including the delays in the court system preventing the timely move of children requiring permanency. Therefore, finding placements for young people with complex safeguarding issues, challenging behaviours including those who may be either gang affiliated or criminally exploited continues to create additional issues for the CYPPS Team. It remains particularly difficult in securing placements for older children and searches are made by CYPPS across internal and external provisions using carefully compiled profile information of the young people. Creative packages are considered and where necessary bespoke

wraparound services to support and strengthen potential placements for our most difficult young people.

7. Who scrutinises decisions made on placements?

7.1 As mentioned earlier the decision for a child to enter the care system is a significant one and can only be made by the Director of Local Delivery. Robust processes are in place and the responsibility of searching for a suitable placement based on the child's profile is the task of the CYPSS Team. If an internal foster placement cannot be identified a search for an external provision will require Director of Local Delivery approval. As the cost of external provisions are significantly higher, final sign off is required by the Director of Local Delivery prior to the child being placed.

Essex Child and Family Wellbeing Service

Please note that all data used in this report is year-to-date as of month 10 (January), 2020-2021(financial year).

8. How services are arranged and delivered

8.1 ECFWS is operationally divided into four quadrants. Each quadrant has a Quadrant Manager, Clinical Practice Teachers, Quadrant Administrator and centralised administration team, who are supported by an Essex-wide senior management team made up of Virgin Care and Barnardo's staff, and by the national Virgin Care and Barnardo's support functions.

8.2 Each of the 12 districts is home to one main Family Hub (formerly known as a children's centre) with affiliated satellite Delivery Sites. We have 26 Delivery Sites county-wide, from which Essex County Council has mandated ECFWS to provide services from.

8.3 Each quadrant has between five and nine multidisciplinary Healthy Family Teams (29 in total) who work from their respective Family Hubs and / or Delivery Sites in serving their local communities. They also 'out-reach' into family homes, schools and in other community spaces such as GP practices, libraries and village halls.

8.4 A key feature of ECFWS as compared with traditional models is that the multidisciplinary teams have the ability to provide a continuous service from pre-birth to 19, which effectively means the same Healthy Family Team supports children and their families as they pass through the milestones of life.

8.5 ECFWS was rated 'Good' by the Care Quality Commission (CQC) in July 2019 and received a Very Low Risk grade on 3rd February 2021 as part its new Transitional Regulatory Approach (TRA) audit process. (Grades are Very Low, Low, Medium, High and Very High).

9. How we identify the most vulnerable children and families

9.1 ECFWS use our electronic patient system SystmOne to record whether a child, young person or their parent / guardian has personal characteristics that places them in need of support and may make them vulnerable or put them at risk. The classification of need and vulnerability is referred to as 'Priority Groups' and ECFWS routinely run reports to identify those belonging to a specific Priority Group (e.g. Living in Poverty) and those belonging to multiple Priority Groups (e.g. Living in Poverty, Single Parent Household, Living in Temporary Accommodation).

10. How services adapted and responded to the COVID-19 pandemic

10.1 ECFWS responded quickly to the COVID-19 outbreak by establishing an emergency planning leadership team and adopting a consistent and phased approach to the different stages of the virus' lifecycle and the evolving NHS England and Public Health England guidance. In short, face-to-face and virtual (online) activities have been scaled-down and scaled-up equally across all parts of Essex as the service has adjusted to the restrictions placed on the population.

10.2 ECFWS has maintained high levels of staff availability and preserved core services throughout the pandemic with staff COVID-related sickness absence rates being remarkably

low. Since the beginning of the pandemic staff availability has remained stable between 89% and 94%.

10.3 Throughout the pandemic ECFWS has proudly preserved all core universal contacts – antenatal, new birth, 6-8 weeks (post birth), one and 2-3 year development reviews of toddlers – as well as Universal Plus, Universal Partnership Plus, Safeguarding and Looked After Children appointments. The service has also preserved all face-to-face children's community nursing contacts and essential therapy, paediatric and specialist nursing contacts. Our highly valued sub-contracted partners – Home-Start Essex, Home-Start North East Essex, Community 360 and Youth Enquiry Service have also maintained their level of service provision for Essex families.

10.4 The pandemic has driven forward innovation across the health and care sector. During the first week of May 2020, ECFWS was one of the first services in the country to introduce virtual universal and targeted parenting education and support groups. These groups were not restricted by geography and parents could join groups irrespective of where they lived in Essex.

10.5 The children's community therapies team implement video consultations and virtual modified group therapy programmes, although face-to-face appointments also continued when essential to care. The service provided a Speech and Language Therapy telephone drop-in clinic to replace traditional drop-in clinics.

10.6 The service modified its Autism diagnostic clinics from September 2020 by implementing the newly developed Brief Observation of Symptoms of Autism (BOSA) assessment, to ensure these essential assessments could continue whilst maintaining safe social distancing for families and clinicians.

10.7 Due to ECFWS' ability to identify families in need, it has played a pivotal role in connecting people with Local Authority services and charities or, in some cases, acting as a distributor for essential provision.

Some examples include:

- Supporting 1,445 families across Essex with £30 and £40 food vouchers
- Distributing 600 out-of-school learning activity packs
- Issuing 40 children with new laptops to help them with home schooling
- Providing 50 families with gas / electricity top-ups, in partnership with the Salvation Army

10.8 In May 2020, ECFWS were one of the first services to introduce electronic consultations and prescribing by paediatricians in West Essex, which increased efficiency and reduced the number of children and young people and their families requiring face-to-face appointments in order to receive prescriptions.

11. How has the service performed throughout the pandemic?

11.1 ECFWS is contracted to deliver against more than 40 locally agreed KPIs, 45 public health metric KPIs - sometimes referred to as 'surveillance measures'.

11.2 ECFWS has performed extremely well against these KPI's and more detail on this can be found in appendix C.

12. What is planned for the year ahead?

12.1 ECFWS' primary focus is to re-introduce the full suite of face-to-face activities in our Family Hubs, Delivery Sites, clinics and community sites as the pandemic-related restrictions ease.

12.2 In North East Essex, the recent announcement that East Suffolk and North Essex NHS Foundation Trust (ESNEFT) will lead an Alliance of local partners, including Virgin Care, will provide the opportunity to replicate parts of West Essex by integrating children's community health provision with Public Health nursing and early help offer.

ATTACHMENTS

- 2019-20 Annual Quality Account (submitted to the Department of Health and Social Care)

https://virgincare.co.uk/wp-content/uploads/2020/11/Essex-Child-and-Family-Wellbeing-Service-Quality-Account-2020.pdf

Domestic Abuse

13. Background

13.1 Essex County Council makes provision for victims of Domestic Abuse. Until now this has been a voluntary decision taken by the council. However, 1st April 2021 will see the introduction of new statutory duties and guidance to combat domestic abuse and respond to the need of victims and children who have been impacted by it.

13.2 The Act will **not** create an offence of "Domestic Abuse" in itself but a **legal definition** of it, and outlines guidance and support for agencies to prevent and respond to domestic abuse.

13.3 The duties that apply to Essex County Council as the Tier 1 Authority and are concerned appointing a local partnership board, charged with commissioning effective support for victims of domestic abuse and children who are victims; ***AND*** the 12 Boroughs, Districts and City as tier 2 tier authorities and which are concerned with the provision of housing and life-time tenancies.

13.4 A range of other measures and powers are being introduced for the Criminal justice system which aim to strengthen agency response to domestic abuse. There is further guidance for all agencies that enable good and improved practice to identify and support victims and these include employers, financial institutions, health, social care, schools, colleges and voluntary and community sector organisations.

14. Current trends

14.1 Evidence from other countries suggest that domestic abuse incidences would increase during the lockdown period and in the UK the calls to the national domestic abuse helpline have gone up significantly, however this has not been born out locally in Essex. Notably, in Essex, it is the norm for the highest number of referrals to be made by the victims themselves and so it is no surprise that numbers went down initially, which is mirrored in most other Local Authorities. During 2020 domestic abuse incident numbers returned to within comparable numbers to 2019 and levels by May/June 2020 and in the main has followed the usual patterns during the rest of the year.

15. Consistency of services and support for victims

15.1 The Southend, Essex and Thurrock Domestic Abuse Board (SETDAB), which is made up of representatives from agencies and organisations across SET, adopted a pandemic response plan in March 2020 which ensures partners are holding each other to account and monitoring risks together. Our response to Domestic Abuse has remained robust to the challenges presented by the pandemic to ensure services were still delivered in a safe and timely way.

15.2 "MARAC" is the Multiagency Risk Assessment Conference that meets daily to consider cases identified as 'high risk' and develops a coordinated safety plan to protect each victim. Virtual MARACs were put in place in March 2020 and the processes have proved to be effective and efficient and continue to run at the present time as video conference call meetings.

15.3 Joint commissioning Essex County Council and Police and Fire Crime Commissioner services consist of a single point of access (Compass), run by Safe Steps, and community outreach,

Independent Domestic Violence Advisors and refuge accommodation, delivered by Changing Pathways and The Next Chapter.

15.4 All services moved to homebased working in March 2020 but have continued to deliver good levels of service virtually, over the telephone or through their websites via web chat. Referral Refuge provision has continued to be delivered and victims placed provided they are not covid-19 symptomatic. Where there are high risk cases, and if a victim is willing to do so, face to face meetings have been taking place within government guidance.

15.5 The police have continued to attend reported Domestic Abuse incidents and assess incidences as standard medium or high risk and either refer to MARAC or give the appropriate information and/or referrals that aim to keep victims safe including the Compass Helpline. Mirroring the commissioned services, Essex Police data shows that emergency calls for domestic abuse have returned to the levels seen 'pre COVID'. Police have continued to apply to the courts for Domestic Violence Prevention Orders and whilst overall reports of domestic abuse haven't increased volumes of these orders have compared to 2019.

15.6 Perpetrator programmes have continued to work throughout 2020 and the Change Hub, which offers support perpetrators, has been providing over the phone committed to offering support to perpetrators throughout using safe and appropriate alternatives to face to face work such as telephone/video-calling. However, for clients that do not have access to technology or where risk is judged high, they will try to facilitate face to face contact

15.7 Magistrates/Family Courts deal with large numbers of domestic abuse cases and trials, as do the Crown Courts. Plexiglass screens have been installed to increase capacity and ensure a COVID-safe environment. Magistrates' courts are now dealing with most hearings and any backlog is beginning to decrease. Essex Criminal Justice Board members meet fortnightly to discuss our local response to Covid-19 and our partnership approach to recovery planning.

16. Current trends, impact, services management communications

16.1 Through the pandemic all services have responded well. Risk assessment and operational plans for home working were mobilised quickly and risks were mitigated through a range of measures, including the training of Essex Social Care staff as a contingency to support commissioned services if there were to be a significant increase in demand.

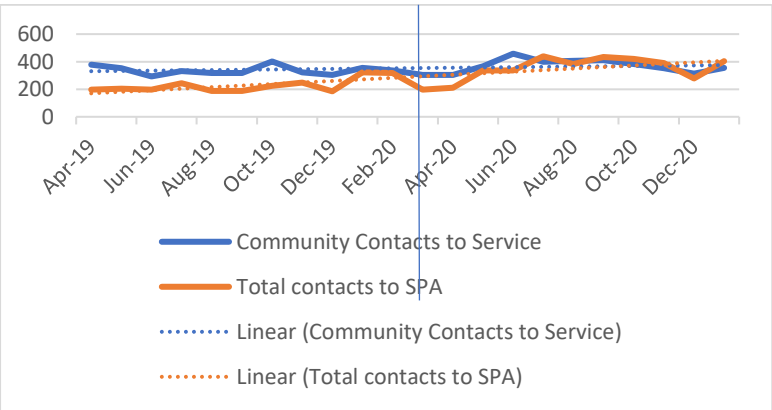
16.2 Essex County Council, Essex Police and the Office for Police, Fire and Crime commissioner Office and commissioned services have run regular campaigns on social media, in the local press and radio features to raise awareness of domestic abuse, signposting potential victims on where they can safely report and get help, as well as alerting the public to recognise the signs of domestic abuse.

16.3 The overall picture for domestic abuse has been a consistent one and the anticipated demand and potential impact on services has not materialised to date. Figures 1. And 2 illustrate the picture for 2019/20. Any peaks and comparable with previous years and these are usually predictable, for example the December holiday period would normally see a reduction in referrals.

16.4 Following recent central government Covid-19 road map announcement partners are working together to establish a return to business as usual within the context of what we

have learned to deliver efficient, effective and safe services and support for victims of domestic abuse, and within the context of the forthcoming duties. The priority remains to keep victims safe and we remain alert and ready to response to any increased demand as we emerge from this current lockdown.

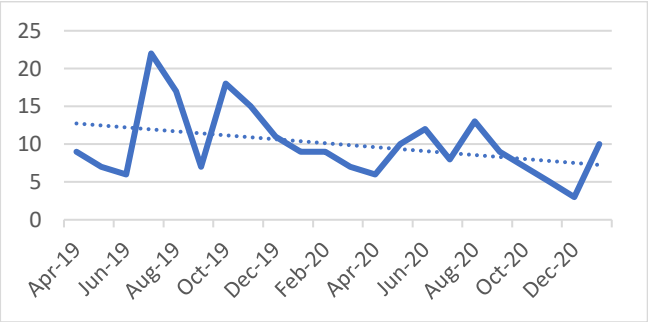
Figure 1: Contacts to Compass front door and Community providers



16.5 Trends in contacts to our single point of access service, initially showed a 71% increase at the start of the pandemic from 197 in March 2020 to 337 contacts in May 2020. At the highest point since the pandemic started, there were 439 contacts in July 2020. Contacts to the service to date have remained at this level, with a slight dip in December

16.6 The number of contacts to our commissioned community services have shown a slight increase since the start of the Pandemic. In March 2020 the number of contacts to community was 304, this increased by around 50% to 458 in June 2020. Cases are now levelling off to pre-pandemic levels. Latest data for January 2021 shows there are 354 contacts to the community services.

Figure 2: Adult referrals to MARAC from community services



16.7 The number of cases heard at Essex MARAC between April 2020 and December 2020 was 1216. This is lower than the same time period for 2019. Whilst non police referrals numbers continue to increase into MARAC (37% of all cases heard in December 2020), the number of police referrals to MARAC has dropped.

16.8 Adults referrals into MARAC from the community services showed an initial increase since the start of the Pandemic. At the peak, there were 13 referrals in August 2020. This has slightly decreased with a dip in December 2020.

Other initiatives

17. Short Breaks, Clubs and Activities and Overnight Short Breaks

17.1 I have previously presented information on Short breaks to the committee and the committee are aware of the work that we are doing to refresh our short breaks strategy. We continue to work closely with the parents in developing this strategy and in agreement with the chairman of this committee we will bring back an update on this when it is appropriate to do so.

18. Mental Health Support

18.1 Essex County Council has been providing a number of initiatives throughout the pandemic to support young people with their mental health including the Family innovation fund, Embrace which is a trauma perception pilot that we have initiated in Basildon and Clacton schools. We have mental health school teams working closely with education in rolling out emotional and wellbeing support in schools too. Our youth service has done a phenomenal job engaging with young people during the pandemic including 36,984 wellbeing checks during the first lockdown alone.

18.2 We will also be launching very soon our Education Recovery Task Force which will look to address the emotional, physical and social impacts of the disruption that children have encountered to their education. We have set aside £1.5m in a reserve to support the work of the task force. That is on top of an additional £500k specifically for children's emotional wellbeing and mental health.

19. Summer Camps and Winter funding

19.1 Essex was well ahead of the government in relation to the importance of summer camp provision in aiding children to catch up emotionally, shown by our comprehensive package last year offering 24k free places across Essex to families and this year we will be increasing this number tenfold.

19.2 This work will be invaluable to ensuring that young people are able to get out and about this summer and experience social connections and better mental and physical health.

19.3 We delivered Free school meal vouchers to around 34,400 children on free school meals in the Christmas and February half term, this enabled those families to be get through those difficult winter months.

19.4 Essex invested £900k to provide 5,000 laptops for children who most need them so that they are able to access schoolwork from home. This has been invaluable to some families who are unable to afford to buy such equipment.

20. COVID recovery funding

20.1 Extra funding of £4.45m is being distributed to the voluntary and community sector (VCS) across Essex to help contain and respond to Covid-19.

20.2 This fund will be split as follows:

- £1m goes to Essex Community Foundation for grants up to £20,000 for voluntary organisations

- Essex County Council will distribute £1m directly in grants up to £50,000 for medium-sized frontline organisations
- £500,000 goes to Essex Association of Local Councils for small grants up to £5,000 for 'mutual aid groups' – residents or volunteers who've come together to help others in their communities
- £150,000 goes to ECL (Essex Cares Ltd) for more support to people with sensory needs who have found it harder, during the pandemic, to safely access their communities and get the support they need.
- The rest will be split between the county's 12 volunteer centres, Provide Community Interest Company and NHS partners to co-ordinate volunteering efforts and meet emerging needs such as for community transport to vaccination centres.

Appendix C - ECFWS – Performance data and KPI data

1. How has the service performed throughout the pandemic?

1.1 ECFWS is contracted to deliver against more than 40 locally agreed KPIs, 45 public health metric KPIs - sometimes referred to as 'surveillance measures' - and 27 outcome measures (22 ECC outcome measures - 9 incentivised and 13 non-incentivised and 5 West Essex CCG outcome measures). Monthly reports are provided to commissioners to scrutinise and manage performance.

1.2 Essex has an overall estimated population of 1.5 million people. There were 14,706 babies born in 2019-2020 in Mid Essex 3,614 (25%) (approximately 301 per month), North East 3,123 (21%) (approximately 260 per month), South 4,498 (31%) (approximately 374 per month) and West 3,471 (23%) (approximately 289 per month).

1.3 Between 1st April 2020 and 31st January 2021 there were 11,568 babies born, Mid Essex 2,786 (9% decrease on same period in 2019-2020), North 2,537 (3% decrease), South 3,560 (7% decrease) and West 2,686 (9% decrease).

1.4 Of the large array of KPI surveillance measures being collected those presented in this report provide a summary temperature check on how ECFWS is performing as they are deemed to be the most meaningful.

1.5 98% (target 80%) of Universal antenatal checks were conducted on women who were more than 28-weeks pregnant. (KPI 2.01).

1.6 99% (target of 96%) of Universal new birth checks conducted, including a review of mothers' emotional wellbeing, were undertaken whilst the baby is between 10-14 days old. (KPI 2.02).

1.7 96% (target of 95%) of Universal 6-8 weeks old baby checks conducted. (KPI 2.33).

1.8 99% (target of 95%) of Universal review of 1-year olds conducted, using an Ages and Stages (ASQ) questionnaire. (KPI 2.34).

1.9 98% (target is 95%) of Universal 2.5 - 3 year olds reviews conducted using ASQ-3.

1.10 In West Essex, waiting time targets relating to children's community health provision were above 98% for allergy, occupational therapy, physiotherapy, paediatrics and speech and language therapy. Continence and dietetic waiting time targets were 87%, which is 8% below target. The impact of COVID-19 on this low-staffed, specialist 3-day a week service provision has provided challenges with wait time compliance. The service has developed an integrated pathway with the pre-birth – 19 service to support waiting times for these conditions.

2. How the true impact of service delivery is measured

2.1 The impact or difference ECFWS has made is carefully measured using a range of methods. The child or family's needs are usually identified at one of the scheduled Universal contacts or drop-in clinics where meaningful conversations and benchmarking tools are used e.g. the Ages and Stages Questionnaire (ASQ) or the Edinburgh Postnatal Depression Scale (EPDS).

2.2 Practitioners work in partnership children, young people and families to set goals and plan how they can be achieved and an outcome care plan is created. The outcome measure process includes:

1. Identifying and assessing the problem or need,
2. Setting the goal or outcome to achieve,
3. Implementing an action or support plan,
4. Reviewing stages and progress, and
5. Assessing the impact and concluding whether the goal or outcome has been achieved.

2.3 Impact is measured again using outcome-specific assessment tools, together with a holistic and meaningful conversation and reviewing achievement of personal goals and aspirations.

2.4 Year-to-date, the following outcome measures have been completed, these demonstrate the Essex overall impact following support.

2.5 Outcome 1: 94.9% of children reported they felt safer after support, this is 15% above target and a 9% increase when compared to the same period last year. (KPI target 85%).

2.6 Outcome 2: 94% of parents reported they felt their children were safer after support, this is 1% below target and 4% lower than the same period last year. Parent's report that COVID-19 has increased levels of anxiety and this has impacted how parents feel after support. (KPI target 95%).

2.7 Outcome 3: 96% of children and young people had an action plan in place to remove or mitigate risks to safety. This is 24% above target and a 23% increase when compared to the same period last year. (KPI target 72%).

2.8 Outcome 4: 96% of families showed improvements in parenting/behaviours following support, this is 6% above target and a 3% increase when compared to the same time last year. (KPI target 90%).

2.9 Outcome 5: 93% of children reached an age appropriate level of development in advance of starting school, this is 28% above target and a 22% increase when compared to the same period last year. (KPI target 65%).

2.10 Outcome 6: 94% of FEEE2 (Free Early Education Entitlement) children reached an age appropriate level of development in advance of starting school, this is 28% above target and a 29% increase when compared to the same period last year. (KPI target 65%).

2.11 Outcome 7: 96% of mothers whose emotional wellbeing improved following support in the perinatal period, this is 11% above target and a 2% increase when compared to the same period last year. (KPI target 85%).

2.12 Outcome 8: 93% of primary carers with a child on a Child Protection Plan whose emotional wellbeing improved following support, this is 8% above target but 7% lower than the same period last year. (KPI target 85%).

2.13 Outcome 9: 84% of young people made more positive lifestyle choices after support, this is 10% above target and a 7% increase compared to the same period last year. (KPI target 75%).

2.14 Outcome 10: National Child Measurement Programme (NCMP) – monitoring outcome, where the number of overweight reception age children are remeasured at year 6 (2024) to see if they have returned to a healthy weight.

2.15 Outcome 11: 98% of teenage parents made improved lifestyle choices after support, this is 36% increase compared to the same period last year. (KPI target 85%).

2.16 Outcome 12: Healthy Schools Status – Healthy Schools planning support has continued during the pandemic.

2.17 Outcome 13: 93% of young people reported being more ready for the next stage of life after support, this is a 16% increase compared to the same period last year. (KPI target 90%).

2.18 Outcome 14: 100% of young people with an EHCP reported being more ready for the next stage of life after support, this is a 5% increase compared to the same period last year. (KPI target 90%).

2.19 Outcome 15: 92% of young people who are LAC reported being more ready for the next stage of life after support, this is a 5% increase compared to the same period last year. (KPI target 90%).

2.20 Outcome 16: 90% of children and young people had improved emotional wellbeing after support, this is a 1% increase compared to the same period last year. (KPI target 85%).

2.21 Outcome 17: 89% of young carers had improved emotional wellbeing after support, this is a 6% increase compared to the same period last year. (KPI target 86%).

2.22 Outcome 18/20: 97% of primary carers felt less lonely and isolated after support, this is a 2% increase compared to the same period last year. (KPI Target 96%).

2.23 Outcome 19: 93% of school age children felt less lonely after support, this is a 7% increase compared to the same period last year. (KPI Target 90%).

2.24 Outcome 21: 98% of primary carers showed an improved relationship to their baby post intervention, this is a 6% increase compared to the same period last year. (KPI Target 90%).

2.25 Outcome 22: 95% of under 2-year olds had an improved attachment to their primary carer after support, this is a 3% increase compared to the same period last year. (KPI Target 85%).

2.26 Outcome 23: 92% of young people reported having an improved relationship with their primary carer after support, this is a 9% increase compared to the same period last year. (KPI Target 80%).

2.27 NHS West Essex CCG-specific commissioned outcome measures:

2.28 Outcome 24: 97% of children and young people and their families with urgent care conditions, managed care at home and avoided hospital admission/extended attendance. (KPI target 85%).

2.29 Outcome 25: 98% of children and young people reported they were supported in reaching their personal goals after support. (KPI target 95%).

2.30 Outcome 26: 97% of parents reported they felt supported in being able to meet the personal goals for their child's health needs after support. (KPI target 95%).

2.31 Outcome 27: 100% of child centred care plans that were produced by the multidisciplinary team, jointly with the family, where the family reported a positive experience. (KPI target 98%).

2.32 Outcome 28: 95% of transition care plans were completed with the young person (age appropriate) where the family reported a smooth and well-planned transition at the end of discharge. (KPI target 98%). Challenging with COVID-19 and limited face to face contacts has impacted on the ability to achieve the % target.

3. Monitoring the number of clinical contracts during the pandemic

3.1 In March 2020, at the beginning of the pandemic, the service began collating and tracking monthly numbers of clinical contacts within each quadrant, which included numbers of face-to-face, telephone and video conference interactions with families. This data was reported using three sub-categories: Universal (all) families, Universal Plus families (those families who required additional support) and Universal Partnership Plus families (those families who are receiving additional support and where other partner agencies are involved such as Social Care).

3.2 Data has been used to inform service provision, including the phased service response to COVID-19, and has indicated the growing need for service provision above the Universal offer.

3.3 Year-to-date, across Essex there were 264,777 Universal families contacted: 53,862 in Mid Essex, 94,533 in North-East Essex, 63,474 in South Essex and 52,908 in West Essex.

3.4 Year-to-date, across Essex there were 26,509 Universal Plus families contacted: 6,296 in Mid Essex, 12,885 in North-East Essex, 3,591 in South Essex and 3,737 in West Essex.

3.5 Year-to-date, across Essex there were 24,246 Universal Partnership Plus families contacted: 6,039 in Mid Essex, 7,827 in North-East Essex, 7,005 in South Essex and 3,375 in West Essex.

3.6 A review of the trends within in contact data revealed that there was an increase in Universal Plus and Universal Partnership Plus contacts between May 2020 and August 2020. This reflects the concerns ECFWS had for vulnerable families in the first pandemic lockdown and need for increased welfare checks. There is a similar trend observe in the second major lockdown – from December 2020 to present.

3.7 The overall level of contacts has increased by 15% across Essex for Universal Plus and Universal Partnership Plus families.

4. Family support interventions (Registration and Reach) during the pandemic

4.1 Essex County Council has placed a high expectation on ECFWS to help communities to take ownership and become more active in addressing health and social care issues. This is loosely referred to as community 'asset building' or 'resilience building'. Whilst all staff working in ECFWS are actively promoting community resilience during individual and group contacts it is Community Engagement Workers who are strategically developing a range of community-owned and community-let activities at a district level. It needs to be recognised that the increasing success of such schemes should, over time, conversely result in a reduction in reach activity figures.

4.2 ECFWS introduced a web-based programme called Tableau that draws data from the electronic records held on children and families to help identify the numbers of families with a Priority Group/s across Essex. The number of families with specific Priority Groups are illustrated on a map, where at a glance, areas of most need can be identified so that support and interventions can be targeted appropriately.

4.3 100% of children under 5 of the under 5 population living in the reach area are all registered due to a single record being used. The target is 80%. (KPI 2.45)

4.4 69% (553,326) of children under 5 were reached as a % of the under 5 population living in the reach area. 67% in Mid Essex were reached, 71% in North East Essex were reached, 67% in South Essex were reached and 72% in West Essex were reached. This is an 8% increase compared to the same period in the previous year where 61% of under 5's were reached. (KPI 2.46).

4.5 There were a total of 213,216 families across Essex on the caseload with children under 5 registered who belonged to a Priority Group (of vulnerability). This is an increase of 43,274 families (20%) compared to the same period the previous year. (KPI 2.47).

4.6 Of the 213,216 families on the caseload with children under 5 registered who belonged to a Priority Group, there are 50,194 families in Mid Essex, 49,978 in North East Essex, 63,247 in South Essex and 49,797 in West Essex. (KPI 2.47).

4.7 A total of 155,391 (73%) families across Essex with children under 5 and who belonged to a Priority Group were reached. This is an increase of 40,227 families (4%) compared to the same period the previous year. (KPI 2.48).

4.8 Of the 155,391 families on the caseload with children under 5 registered who belonged to a Priority Group and who were reached; 35,851 families were in Mid Essex, 37,483 in North East Essex, 44,231 in South Essex and 37,826 in West Essex. (KPI 2.48).

4.9 There were 3,402 children eligible for Free Early Education Entitlement for 2-year olds (FEEE2), 2,265 (67%) had been 'reached', and had a confirmed FEEE2 placement.

4.10 Of the 2,265 children who had a confirmed FEEE2 placement, 782 (35%) received a 2.5 - 3 year integrated developmental review. (KPI 2.03b). There were understandable challenges in bringing, parents, staff from early years settings and ECFWS staff together to undertake this integrated review during the pandemic.

4.11 Of the 2,265 children who had a confirmed FEEE2 placement, 523 (23%) had not reached an age appropriate level of development at the 2.5 - 3 year developmental review. These children were placed on Outcome 6 school readiness pathway where 94% reached an age appropriate level of development after support. (KPI 2.03c).

5. Infant feeding

5.1 Breastfeeding is not only a source of nutrition it has lifelong health benefits for mothers and babies and is rightly a Public Health priority (Early Years High Impact Area 3). Evidence suggests breastfeeding can protect long term health, reduce the risk of diabetes and obesity in children and for mothers reduce the risk of breast and ovarian cancer and reduce the risk of osteoporosis.

5.2 ECFWS is committed providing high quality infant feeding support, aligned to the Baby Friendly Initiative across Essex, by protecting, promoting and supporting breastfeeding and close, loving parent-infant relationships.

5.3 64% new mothers were breastfeeding at 2 weeks post birth (new birth visit): 68% in Mid Essex, 67% in North-East Essex, 55% in South Essex and 69% in West Essex. (KPI 2.23).

5.4 48% of mothers were breastfeeding at 6-8 weeks with 34% exclusively breastfeeding and 14% partially breastfeeding, this is a 4% increase on January 2020 where 44% of mothers were breastfeeding at 6-8 weeks with 30% exclusively breastfeeding and 14% partially breastfeeding. (KPI 2.24 & KPI 2.25).

5.5 49% of new mothers were breastfeeding at 6 – 8 weeks with 35% exclusively breastfeeding and 14% partially breastfeeding. 37% were exclusively breastfeeding and 14% partially breastfeeding in Mid Essex (51% total), 37% were exclusively breastfeeding and 15% partially breastfeeding in North-East Essex (52% total), 30% were exclusively breastfeeding and 13% partially breastfeeding in South Essex (43% total) and 36% exclusively breastfeeding and 16% partially breastfeeding in West Essex (52%). (KPI 2.24 & KPI 2.25).

5.6 Breastfeeding rates across most of Essex remain consistent and slightly higher than national averages, however South Essex is below the national average and is an area specifically targeted for improvement.

5.7 A number of initiatives are in place to maintain and improve breastfeeding rates, including: training Breastfeeding Champions in each quadrant, development and roll out of face to face and virtual 'Preparing for Baby' antenatal workshops and 'Baby Beginnings' postnatal groups, social media campaigns on Facebook and Twitter.

6. Safeguarding and Looked After Children

6.1 ECFWS has heavily invested in Safeguarding and Looked After Children (LAC) provision across Essex with dedicated teams of each specialty in each quadrant that is resourced in accordance with The Royal College of Paediatrics and Child Health's Safeguarding and Looked After Children Intercollegiate Documents.

6.2 In December 2020, 100% of staff had completed Level 1 Safeguarding Children Awareness training, 98% had completed Level 2 training and 83% had completed Level 3 (This would be 99% by removing those who are exempted such as on maternity leave). Prevent training to Raise Awareness of Prevent (WRAP), which aims to address all forms of terrorism and non-violent extremism in young people is at 100% for Level 1 and 98% for Level 2.

6.3 100% of Section 17 and 49 requests were responded to within the targeted time (2 working days and 1 working day respectively), 100% was reported for the same time the previous year. (KPI 2.12).

6.4 100% of case conferences requested by Essex County Council's Social Care Team was attended by a staff member from ECFWS, this is a 1% increase compared to the same time the previous year. (KPI 2.13).

6.5 98% (162/166) of Looked After Children aged 0-5 years have had a 6-month Review Health Assessment. This is a 1% increase compared to the same time the previous year. (KPI 2.19).

6.6 99% (150/152) of Looked After Children have immunisation. (KPI 2.20)

Reference Number: PAF/05/21

Report title: Task and Finish Group Report – Domiciliary Care	
Report to: People and Families Policy and Scrutiny Committee	
Report author: Graham Hughes, Senior Democratic Services Officer	
Date: 18 March 2021	**For:** To consider receipt and endorsement of the report and identifying follow-up actions
Enquiries to: Graham Hughes, Senior Democratic Services Officer at graham.hughes@essex.gov.uk.	
County Divisions affected: Not applicable	

1. Introduction

This is the final report of the Task and Finish Group established to look at aspects of domiciliary care provision in Essex.

2. Action required

The Committee is asked to:

(i) Receive and endorse the attached final report of the Task and Finish Group looking at aspects of domiciliary care in Essex (Appendix);

(ii) Endorse the recommendations for follow-up work to be undertaken after the May 2021 County Council Elections;

3. Background

3.1 The Committee resolved to establish a Task and Finish Group (the Group) to look at the current arrangements for, and oversight of, the delivery and quality of domiciliary care in Essex.

3.2 The Group established five key lines of enquiry:

- To seek assurance that people will still be able to be referred into services, that access is available, (i) routes/options in normal course, and (ii) assurance that it is still happening during pandemic (including awareness, signposting and comms are in place) and how maintain confidence to refer into the 'system'.

- To seek assurance that there is adequate monitoring of performance and service quality of domiciliary care providers and robust processes to monitor, identify and instigate improvement actions.

- To seek assurance that there is adequate capacity in place.

- To understand the current provision of technological options available to support people in the home and how that can be further expanded and prevent unnecessary admissions to hospitals.

- To seek assurance that there are adequate discharge planning processes in place, arrangements for reablement (where appropriate) and identify issues for improvement.

3.3 The review started in October 2020 against the backdrop of, and through the lens of, a global pandemic background which meant that contributors and the local care system faced extraordinary challenges and demand pressures.

3.4 The Group held 11 evidence sessions between November 2020 and February 2021 with a variety of witnesses (listed in Annex 2 to the report). Whilst the Group has, in the end, still spoken to a wide range of contributors, there have still been some issues that the Group would have liked to have pursued further but was unable to do so due to pandemic pressures and the need to close the review ahead of the County Council elections in May 2021. In particular, the Group has not spoken to anyone from the NHS which, ordinarily, it would have done particularly in relation to discharge processes and this is referred to in a number of places in the report and has formed the basis of a number of recommendations for follow-up scrutiny work to be undertaken.

3.4 The report to some extent is an interim report acknowledging limitations placed on the Group due to the pandemic and imminent elections and that the review is not complete. However, it still highlights issues raised by contributors which the Group has stated it would still like ECC officers to investigate further even though many of them have not been formalised into recommendations.

3.5 The conclusions of the Group start on page 26 of their report. These conclusions comment on the challenges of the pandemic and the increasing focus on supporting people at home and assurance processes around that.

3.6 The Group has made seven recommendations which are reproduced below (page numbers are where each recommendation is derived within the report):

Recommendation 1 (page 11): The Group encourages further work to look at the feasibility and constraints in having a more flexible approach on who can undertake some individual assessments, subject to necessary safeguards, so as to facilitate a more informed and timely assessment process.

Recommendation 2 (page 12): That, after the County Council elections in May 2021, the People and Families Policy and Scrutiny Committee further review the assessment process for support at home to include a focus on the challenges for the occupational therapist service.

Recommendation 3 (page 14): That, after the County Council elections in May 2021, the Health Overview Policy and Scrutiny Committee, together with the People and Families Policy and Scrutiny Committee, should jointly investigate further the adequacy and safety of discharge processes.

Recommendation 4a (page 15): A simple contact sheet to be given to everyone being discharged from hospital – effectively a 'one-stop shop' contact card with a handful of key numbers giving both telephone and on-line addresses to signpost support and advice and entitlements and a step by step checklist to help guide next steps.

Recommendation 4b (page 15): the one-stop-shop contact sheet to include some simple tips to consider when looking at a service provider.

Recommendation 5 (page 20): That, after the County Council elections in May 2021, the People and Families Policy and Scrutiny Committee should look at governance processes for user feedback and complaints handling in the domiciliary care sector to include how easy it is to feedback and/or complain, and changes made as a result.

Recommendation 6 (page 22): That, after the County Council elections in May 2021, the People and Families Policy and Scrutiny Committee should seek further assurance about the part of the discharge process undertaken in hospitals.

Recommendation 7 (page 25): That, after the County Council elections in May 2021, the People and Families Policy and Scrutiny Committee reviews the emerging potential of technology to further support people in their homes.

4. Update and Next Steps

The final report is attached as an Appendix. Next steps are as outlined under Section 2 - Action Required.

The following have been invited to attend to give their initial response to the conclusions and recommendations in the report:

County Councillor John Spence, Cabinet Member – Health and Adult Social Care;
Nick Presmeg, Executive Director, Adult Social Care
Moira McGrath, Director, Commissioning (Adult Social Care)

5 List of Appendices

- Appendix 1 – final report of the Task and Finish Group looking at Domiciliary Care in Essex

Domiciliary Care in Essex

A report by a Task and Finish Group established by the People and Families Policy and Scrutiny Committee

10 March 2021

Essex County Council

Contents

Foreword

This review was initiated by members of the People and Families Policy and Scrutiny Committee (PAF) after receiving a presentation on 17th September 2020 where we were told of an expected increase in demand for reablement and domiciliary care in Essex. Having also had a briefing on the findings of the Newton Europe research into discharges from hospital it was felt we needed certain assurance around the smoothness of process, the consistency for service users and that an efficient and timely provision delivered consistent quality for all. The use of technology, governance of the provision and the domiciliary care market would also need to be included.

The Task and Finish Group began in October 2020 and developed five key lines of enquiry to base the review on. All of this was during a most challenging time…a worldwide Coronavirus Pandemic! Whilst this clearly impacted on the scope of our work, particularly with NHS colleagues, we managed to engage with a large number of contributors to whom we were most grateful. What was so encouraging was the openness and willingness clearly showing the desire to provide a first-class caring service ensuring best value available within the market.

Our conclusions are within this report alongside our recommendations and considering both Pandemic and time constraints a lot has been covered but there is still more to do, particularly around governance and the part the Care Quality Commission has to play. During our discussions, contributors have raised a number of issues to which the Group are not minded to respond via formal recommendations but would like officers assurance that they will still investigate these matters as appropriate.

None of this would have been possible without the dedication of the Task and Finish Group members, officers, staff, providers, carers, voluntary services and service users who gave up time to this important and timely review. Key issues have been raised, with some needing more work, but I am convinced as we move on from the Pandemic these will be tackled too. My thanks to all involved.

I commend this report to you.

COUNCILLOR BEVERLEY EGAN
Lead Member
Task and Finish Group – Domiciliary Care
10 March 2021

Executive Summary

The Group has sought to focus on five key lines of enquiry established in initial discussions with supporting officers in October 2020 which were around discharge planning processes, accessibility and referrals into services, monitoring of performance and service quality, capacity and technological support.

The primary source of evidence has been through face to face discussions with a variety of stakeholders as listed in Annex 2. This evidence has been supplemented by some presentational and written material which is listed in Annex 3.

The conclusions of the Task and Finish Group are at the end of the report starting on page 26. These conclusions comment on the challenges of the pandemic and the increasing focus on supporting people at home and assurance processes around that. The Group has not spoken to anyone from the NHS which, ordinarily, it would have done particularly in relation to discharge processes and this is referred to in a number of places in the report and has formed the basis of a number of recommendations for follow-up scrutiny work to be undertaken. This report to some extent is an interim report which acknowledges limitations placed on it due to the pandemic and imminent elections and that the review is not complete. However, it still manages to highlight issues raised by contributors which the Group would still like ECC officers to investigate further even though many of them have not been formalised into recommendations.

Recommendations

The Group has made seven recommendations and requests that these should be carefully considered for implementation.

Recommendation 1 (page 11): **The Group encourages further work to look at the feasibility and constraints in having a more flexible approach on who can undertake some individual assessments, subject to necessary safeguards, so as to facilitate a more informed and timely assessment process.**

Recommendation 2 (page 12): That, after the County Council elections in May 2021, the People and Families Policy and Scrutiny Committee further review the assessment process for support at home to include a focus on the challenges for the occupational therapist service.

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Findings and evidence

Introduction

This review was prompted by members of the People and Families Policy and Scrutiny Committee (PAF) wanting to understand the current arrangements for, and oversight of, the delivery and quality of domiciliary care in Essex. Members had received some limited evidence of issues around the quality of care from family and/or constituents and, whilst acknowledging that these were anecdotal, a review afforded the opportunity to explore further the incidence of these issues. Overall, there was a desire to see if there were opportunities to highlight good work underway to improve the delivery and quality of such care and possibly identify further opportunities for improvement.

On 17 September 2020, the PAF discussed Essex County Council's response to the pandemic and its impact on social care provision and were informed that demand for reablement and domiciliary care was expected to significantly increase. Occupancy rates and levels of demand for residential care had dropped significantly and were not, at the moment, expected to fully recover to pre-pandemic levels. Longer term population demographics project that the number of people over 80 and 90 will significantly increase together with increasing complexity of support needs. However, it can be expected that, as a result of the pandemic, a higher proportion of those will choose to stay in their own home with enhanced support. All of this underlines the importance of having a robust and adequate domiciliary care sector to meet this future anticipated complexity and demand.

The review started in October 2020 against the backdrop of, and through the lens of, a global pandemic which meant that contributors and the local care system faced extraordinary challenges and demand pressures. Throughout the review the Task and Finish Group (the Group) have appreciated more than ever the time granted to them by contributors to help with the review and also the pressures that have prevented other people who the Group had also invited from being able to help the Group at this time. Whilst the Group has, in the end, still spoken to a wide range of contributors (listed in Annex 2), there have still been some issues that the Group would have liked to have pursued further but was unable to do so due to pandemic pressures and the need to close the review ahead of the County Council elections in May 2021. Most notably, the Group has not spoken to anyone from the NHS which, ordinarily, it would have done particularly in relation to discharge processes and this is referred to elsewhere in the report.

Key Lines of Enquiry

The Group has sought to focus on key lines of enquiry established in initial discussions with supporting officers in October 2020. Accordingly, this report has been structured around those five key lines of enquiry.

- To seek assurance that there are adequate discharge planning processes in place, arrangements for reablement (where appropriate) and identify issues for improvement.

- To seek assurance that people will still be able to be referred into services, that access is available, (i) routes/options remain in the normal course, and (ii) assurance that it is still happening during the pandemic (including awareness, signposting and communications are in place) and how to maintain confidence to refer into the 'system'.

- To seek assurance that there is adequate monitoring of performance and service quality of domiciliary care providers and robust processes to monitor, identify and instigate improvement actions

- To seek assurance that there is adequate capacity in place.

- To understand the current provision of technological options available to support people in the home and how that can be further expanded and prevent unnecessary admissions to hospitals.

Background and context

Domiciliary Care is a term used to describe a range of services provided in people's homes, to support them in remaining in that setting and can include:

- Short-term recovery (reablement) – primarily following a hospital discharge for up to 6 weeks
- Supporting a person to live with / manage a long-term condition (or more likely a set of long-term conditions)
- Supporting a person to live with / manage having memory loss or dementia
- Supporting a person with end of life care
- Supporting a carer who is helping any of the above
- Supporting a person with health care needs

The Care Act

The Council has a statutory duty under the Care Act 2014 to:

- Assess for, and meet, long term eligible needs
- Prevent, reduce and delay needs
- Promote wellbeing
- Ensure effective safeguarding arrangements are in place
- Develop/support diverse, responsive, and sustainable high-quality markets

In order to be eligible for paid support from the Local Authority, an Adult must have difficulty with one or more of the following listed daily tasks - these are known as 'Activities of Daily Living' (ADLs) and are the things which domiciliary care is put in place to support with:

- Managing & maintaining nutrition

- Being appropriately clothed
- Maintaining personal hygiene
- Managing toilet needs
- Being able to make use of the home safely
- Maintaining a habitable home environment
- Developing and maintaining family or other personal relationships
- Accessing and engaging in work, training, education or volunteering
- Making use of necessary facilities or services in the local community
- Carrying out any caring responsibilities the adult has for a child

Current structure and format of provision in Essex

Reablement is a short-term service to help people regain their independence through supporting them with their personal care and daily living tasks with the aim to enable them to get back to doing these tasks themselves. Most people are referred to reablement services after being in hospital, with the other referrals coming from community services including social care and GP practices. Reablement is provided free for up to 6 weeks countywide by Essex Cares Limited (ECL) which is a wholly owned subsidiary company of Essex County Council (ECC). The current contract with ECL is let in 5 lots mirroring the NHS Clinical Commissioning Group areas within ECC's boundaries. An In Lieu of Reablement (ILOR) service (where ECL is unable to resource the client's needs) is available from five other providers, also mirroring CCG areas and adds capacity to ECL.

> There are approximately 850 people using Reablement and ILOR at any time currently using around 12,000 hours a week of intense short-term recovery support for an annual cost to the County Council of around £20 million.
>
> Source: Domiciliary Care and Support Deep Dive (see Annex 3)

Domiciliary care and support generally is available after a six week period of reablement and is delivered through 125 Live At Home framework providers and approximately 155 spot providers. The primary users of these services are older people but there are also smaller numbers of working age adults with physical and sensory impairments, mental illness, learning disabilities and autism who also use these services.

> Approximately 115,000 hours a week of domiciliary care are used to support around 6,500 people at a cost to the County Council of around £100million per annum.
>
> Source: Domiciliary Care and Support Deep Dive (see Annex 3)

There is a range of providers in Essex, from small niche providers in one geographical location to large national companies, and the Council works closely and collaboratively with them both individually and through the Essex Care Association (ECA).

Discharge planning processes

The Group acknowledges that planning for an efficient, effective and safe discharge is a massive challenge. This has been exacerbated by the pandemic.

Prior to the pandemic

Prior to the pandemic, Delayed Transfers of Care (DTOC) had decreased as a result of joint county council and Health discharge teams operating together at Essex hospitals. Timely and safe discharge was part of that decision-making process. Despite those reduced DTOCs, the Group are pleased that the County Council and local health partners even then had already recognised that there were still issues around discharge and had commissioned Newton Europe to complete a diagnostic of historical cases. As a result of that diagnostic, it was thought that up to 1700 more cases could have benefitted from more independent home care each year if improvements were made to the discharge process. This could reduce the number of temporary residential care settings and residential admissions needed in future. Being more focussed on home first was thought to benefit around 240 adults in Essex a year.

One of the largest delays identified in the Newton Europe review was the time waiting for assessment for ongoing care needs. The sourcing of ongoing care need was another significant delay identified.

New guidance issued during the pandemic

In response to the pandemic, on 19 March 2020 new national guidance was issued which changed the assessment for discharge dramatically as it required a light touch assessment to be undertaken in hospital and then discharge to home for a more detailed community-based team assessment to be undertaken – a Home First principle with the vast majority of discharges now being arranged within a day. Responsibility for discharge from hospital has moved completely to the NHS (who are also responsible for funding support for the first six weeks) including ensuring that conversations are held with families as part of discharge planning. The NHS are now responsible for accompanying people to discharge lounges and their own home - prior to March there would have been social workers involved in this process. The County Council remains responsible for how personal needs are best met and that the right amount of care is brokered within the local system.

The Group was assured by officers that ECC is still working with hospitals to ensure that there is safe discharge and that ECC still sees case details so there is an opportunity to identify and flag up any previous concerns, issues and support provided. This could include knowing that the home environment may not be suitable. However, the County Council's social workers have moved out of the hospital setting with most of them virtual working and it is difficult to reconcile that all the benefits of in-person face to face interaction can be replicated virtually. With the discharge from hospital process now accelerated and the emphasis on home first

there is a danger that something is overlooked through only having virtual contact and that there could be more inappropriate discharges as a result.

Providers can no longer go into the hospital to assess their client's needs before they come home. They are finding that the quality of paperwork completed by the hospital as part of the ISP (Independent Support Plan) is not so good as a replacement for that personal visit and is letting down providers being able to pick up a client's needs quickly.

However, officers have advised that they expect the Home First principle to continue beyond the pandemic and that the core principle around not making long-term decisions about someone's future care in an artificial (hospital) setting should still remain. That may also mean that the quality of paperwork issue identified by providers will need to be addressed long-term and that further attention is needed to ensure that this new way of doing assessments is not a retrograde step.

It can be a fine balance between maximising the empowerment of someone to make their own decisions and what the local health and care system thinks they need or is best for them which may be different. As the focus now is on Home First, agencies need to be more mindful of this and step up their assurance processes where possible and mitigate as much as possible any risks from doing the assessments at someone's home. It could be as simple as asking the patient at the end of the hospital discharge process to call a family member or carer first to check that they are nearby to help before discharge and ask the question –

'is there someone to call before you go home?'

Reablement

If an adult is going home from hospital and is identified as needing some support, then ordinarily they will initially have a reablement package of care - this should usually start within 1 -2 hours of the person arriving home.

> Essex Cares Limited manage to start a reablement package of care for a client within 2 hours of them arriving home 98% of the time.
>
> Source: Essex Cares Limited representative at witness session

When a client is released from hospital an independent support plan assesses their needs and gives a time allocation the social services placement team think is required to provide the care package identified as needed. The reablement provider (usually but not exclusively Essex Cares Limited) will meet the client at the property and discuss and try to agree 'objectives/goals' with them whilst looking at any minor adjustments and equipment that might help. Where there is greater complexity of need then a visit by an Occupational Therapist will be arranged.

In most cases, the contracted time for a care visit will be reduced during the reablement period as the client becomes stronger and able to undertake more of their own care tasks.

70% of ECL clients leave their support service after a few weeks with the remainder receiving less ongoing care than when they first started.

Source: Essex Cares Limited representative at witness session

Feedback on reablement was that it is excellent but there could be a 'cliff edge' when it ended after six weeks.

Anecdotal evidence about occupational therapist assessments has been positive insofar as the thoroughness of the assessment, appropriate equipment being put in place particularly for those who were frail, and that they would leave contact details for other support such as the Red Cross for a wheelchair, for example. However, some anecdotal evidence suggested that not all carers coming into the home know how to use all the equipment that has been prescribed through the reablement assessment or were not willing to use it all. Whilst anecdotal, it could be an indicator that information about care needs is not being communicated sufficiently between some reablement and domiciliary care providers.

Waiting times for assessment

Referrals to the ECC placement team to get domiciliary care call visits extended generally do not seem a problem at present. Instead, it seems there are delays for social worker and Occupational Therapist assessments and providers have advised that their own review team and assessors are having to fill the gaps especially when dealing with complex and/or crisis situations. Anecdotally, some people may spend more time in their own bed until assessments are done. It seems that some aspects of the sequencing of assessments may not be right and that assessment review processes may not work as efficiently as they should. This is an issue that was already in existence before the pandemic and seems to have got worse during the pandemic with providers reporting that social workers and occupational therapists are now less visible to them. The Group has also heard that providers often can spend considerable time chasing up progress and timescales for assessments.

The pandemic brings extraordinary challenges and sometimes requires unique and sometimes not ideal solutions but the Group are concerned that there has been reportedly some informal reliance on domiciliary care staff to use the video function on their mobile phones to carry out assessments on behalf of the County Council and this practice should be discouraged.

The assessment process is a key area of focus in the CONNECT Programme (which has now re-commenced). Officers have acknowledged that there could be the opportunity to identify slightly different processes that might allow people other than a social worker to make some kinds of assessments as they may be more familiar with a service user and be able to make a more informed and timely decision.

Recommendation 1: **The Group encourages further work to look at the feasibility and constraints in having a more flexible approach on who can undertake some individual assessments, subject to necessary safeguards, so as to facilitate a more informed and timely assessment process.**

The Group recognises that the assessment process itself could form a significant scrutiny study and it does not have the time, nor with the ongoing pandemic is it the right time, to do this now. However, our conclusion is that, notwithstanding the current pandemic pressures, that further scrutiny is required to highlight the challenges being faced by the occupational therapist teams, in particular, and the overall assessment process more generally and how to help address issues raised.

Recommendation 2: That, after the County Council elections in May 2021, the People and Families Policy and Scrutiny Committee further review the assessment process for support at home to include a focus on the challenges for the occupational therapist service.

Role of the community and voluntary sector

If there is any doubt about the ongoing suitability of the home environment, and capability to re-engage with the local community, colleagues from local community and voluntary organisations may be asked to help to provide some further support. The new statutory guidance on discharge from hospital is focussed on getting more community input into that process and a far better-balanced view of the individual needs but it requires cultural shifts and changes to relationships with local providers. There seems to be a significant expectation and emphasis on the local community and voluntary sector to 'step-in' where needed, sometimes as a bridging service and sometimes for longer term support. Yet members have concerns about that expectation and the capacity to operate and respond in a timely manner to such demands.

ECC and NHS directly commission some services across the county to help people settle back in at home. In addition, there is other non-commissioned volunteer support available but that will significantly vary between areas. ECC are currently reviewing what needs to be in place that can be directly commissioned, how it should link with specialist and statutory services and what else is out there that ECC can contact when they identify further support is needed but it is not formally commissioned. ECC officers acknowledge that some work is still needed on how community and voluntary services can wrap around and add to formal commissioned support without being too prescriptive.

The differing roles and activities of the community and voluntary bodies in Essex are very noticeable with some being directly commissioned to provide services whilst other similar organisations in other areas are not. For instance, ECL have recognised that people in long-term care often also needed help with such issues as housing and pensions advice. Castle Point Association of Voluntary Services (CAVS) have one person specifically commissioned and subcontracted to ECL to provide this help and guidance.

> An advice and guidance service provided by CAVS has been in place for over 3 years and has reportedly helped approximately 360 people and realised £1.9m of extra allowances for which they were qualified.
>
> Source: CAVS representative at witness session.

However, a similar arrangement to the CAVS advice and guidance service does not exist in other parts of Essex. Whilst there is an ECC commissioned countywide Essex Befriends service, local community and voluntary bodies may also provide other befriending schemes that could lead to some differences across the county.

Community and voluntary bodies have different models and different grant awards and it may be wrong to automatically make assumptions about differences across areas. However, whilst community and voluntary organisations who do not provide any commissioned services will seek to work in partnership with other organisations who do and refer people into other support agencies, the Group is concerned that there is significant potential for inconsistency in services available across Essex.

In particular, there seem to be some differences between community and voluntary organisations as to their responses (if they are able to) to step in and/or escalate support if it is identified as needed. Some organisations indicate they are more likely to formulate their own community response instead (using their own membership connections to day centres and community agents to find support) as they do not feel they have sufficient links with Adult Social Care or the NHS or that they did not have capacity to provide the support. A caveat here is that there is an acknowledgement that sometimes such reluctance to engage with Adult Social Care or NHS may partly be due to lack of available information to help them signpost effectively.

The Group feels that it would be beneficial to community and voluntary organisations if there can be greater information sharing and more regular dialogue between them at a local level. There are some mechanisms for this already in place but, of course, this has been particularly hindered during the pressures of the pandemic and the Group would like to encourage them to re-invigorate those meetings and processes.

The Essex Wellbeing Service has been established to help provide some support for people being discharged who do not need more formal support. This is welcomed and can fill some of the gaps in informal care. In terms of further support for the community and voluntary sector, the model of County Council funding has moved from direct grant and is now focussed on commissioning specific services. Whilst officers have stressed that when the community and voluntary sector is asked to provide a particular service then usually there will be specific funding to accompany it, there will be times when non-commissioned informal support may be needed and that is where the Group thinks it highlights concerns about capacity and consistency.

If the County Council wants to facilitate further care support from the community and voluntary sector then there also needs to be further movement in the current mindset towards them, so that they feel that they are an equal business partner and consulted and involved in discussions and planning at an early stage and not be perceived as the last resort. At the moment, there is an impression within the sector that it is treated as the 'poor cousin' in the system but they are a valuable resource that is sometimes being over-looked. Perhaps there are too rigid demarcation lines between what the community and voluntary sector can do and what other providers can do, and to what extent the community and voluntary bodies can fill in the gaps between domiciliary care visits - such as providing pastoral support and how such support could be requested.

Further review

It is a difficult and challenging period of time at the present and the Group have been mindful of this whilst hearing about people's experiences of the discharge process. The pandemic is putting extraordinary pressures on the local system and so some allowance should be made for that. However, there is concern that these pressures are leading to more permanent changes in the discharge process with a focus on discharges being made more to see if people could cope at home rather than that they had been thoroughly assessed that they could cope at home and perhaps this process needs more assurance built into it. The Group is acutely aware that there could be differing interpretations and approaches between hospitals and in not being able to speak to the hospitals due to the pandemic pressures, the Group has not been able to clarify this further.

Members have challenged whether it is now significantly less likely that one can still have inappropriate and unsafe discharge from hospital. However, it is difficult to make solid conclusions based on some relatively limited anecdotal evidence but the more cases that are highlighted where there have been problems then the more likely there may be a systemic issue impacting on a minority of patients. As stated elsewhere, the Group has also chosen not to pursue discussions with the NHS at this point due to the pressures of the pandemic and, therefore, in the current circumstances the Group is not able to be fully assured on this matter. However, it is pleased to see that the review work under the County Council's CONNECT Programme on how well discharge is working and looking at the experiences of service users and staff has re-commenced.

Recommendation 3: That, after the County Council elections in May 2021, the Health Overview Policy and Scrutiny Committee, together with the People and Families Policy and Scrutiny Committee, should jointly investigate further the adequacy and safety of discharge processes.

Finally, it is also apparent that someone receiving reablement or domiciliary care before being admitted into hospital may after discharge not necessarily return to that same care provider but instead have a reablement service with another provider, or an in-lieu of reablement service or be part of a winter pressures support scheme - this range of routes out of hospital/schemes can be confusing and takes away continuity of provider for the service user. Whilst recognising the immense pressures on the system at the moment, this current practice would seem to be not only detrimental to the service user's confidence and experience but could also be sufficient to hinder their recovery and may not be best value for money either.

Accessibility and referrals into services

Navigation of the health and care system is complex. Members have heard that it can be a minefield to know how to find agency carers and this becomes more bewildering and onerous if people are on their own. Family carers often do not know where 'the system' is and how to navigate it – and then having to still make multiple phone calls and repeat their story.

"where do I start and what do I need to do?"

This situation seems to have been exacerbated for some people soon after the first lockdown had started when Age UK Home Help stopped its services and some people may have felt abandoned. Other agencies have also scaled back some of their activities due to the pandemic at a time when more capacity was actually needed. Day centres closing during the pandemic has made it a particularly difficult time as they are a lifeline for some and it has been reported that there has been a marked deterioration in people's health as a result.

There seems to be some frustration in the system about lack of awareness of support services that are available. The Red Cross Home Support service should be offered to everyone as part of the discharge process but it is not clear that this is well enough known. There has been some acknowledgement that information available on discharge has not been good enough in all cases and perhaps clearer messaging is needed. As acknowledged elsewhere in the report, these extraordinary times have meant that the Group has not spoken to NHS bodies to clarify the exact information available at time of discharge. However, if not already in place then there is an overwhelming need for a simple contact sheet to be given to everyone being discharged from hospital – effectively a 'one-stop shop' contact card with a handful of key telephone and on-line addresses to signpost support and advice and entitlements and a step by step checklist to help guide next steps.

Recommendation 4a:
A simple contact sheet to be given to everyone being discharged from hospital – effectively a 'one-stop shop' contact card with a handful of key telephone and on-line addresses to signpost support and advice and entitlements and a step by step checklist to help guide next steps.

One of the biggest barriers facing family and carers when looking for a domiciliary care provider is knowing if they are any good. The Group has heard anecdotally that the names of recommended providers can often be passed around by word of mouth between carers which is not an ideal or a comprehensive process. Whilst recognising that there may be issues around being able to actually recommend (and implicitly not recommend) some providers, the Group would like to see further thought given to developing guidance that can aid families in deciding on their provider of services.

Recommendation 4b: the one-stop-shop contact sheet to include some simple tips to consider when looking at a service provider.

Whole family approach

The system may still be overly focussed on the immediate need being presented and this is understandable at times of peak demand pressure. Yet, when people contact domiciliary care services, the initial questioning by the potential service provider should be "do you look after someone or is someone looking after you"? and then look at the local system developing a whole family approach and not just respond to the patient and their symptoms. In the end this may be a more efficient use of local

resource and prevent other issues arising later. The Group has heard of examples of community and voluntary organisations trying to work with local GPs and developing a system that looks at a family holistically. GP surgeries in some areas have been provided with information packs on support options available by some community and voluntary organisations as part of focussing on trying to get information available at more places/points of contact. Every GP practice should now have a social prescriber and they are a good way into the local support system and perhaps this needs to be signposted and utilised more than it is currently.

Shared care record

The County Council are working with health partners in developing a shared care record. Since October 2020, ECC's ASC management system has been able to process patient information from the NHS - an ECC decision is to be taken to start a 12 week consultation process so that ECC can move towards being able to share its records with the NHS. Once this done then people should not have to continually tell the same story to multiple health and social care agencies. The Group fully supports this and encourages further progress as it has still been hearing stories from some witnesses about this still being a significant issue.

Monitoring of performance and service quality

Any person (individual, partnership or organisation) who provides regulated care and support activity in England must be registered with the Care Quality Commission (CQC) who will monitor their fitness and compliance with various regulatory regulations and rate a care provider on their overall quality of care. The Group have not considered the role of the CQC but instead wanted to focus on what else was in place to oversee quality and standards on a day-to day basis and the mechanisms and processes that the County Council has in place as commissioner of domiciliary care services.

Key performance indicators

Providers reported that they have invested heavily in information technology solutions. Care visits are electronically monitored with care workers using apps to log tasks and outcomes and they cannot leave the property until all tasks have been ticked, including confirmation that all medication has been given in a timely manner. Providers have their own internal governance structures but commonly present their performance data against key performance indicators to their respective internal committees and boards, often overseen by a compliance function. The Group would expect the County Council, as commissioner, to seek assurance that providers of all sizes have such controls in place. Reassuringly, providers have confirmed that during the pandemic there has been an escalated and further increased focus on infection control.

Provider Quality Team

The Group are pleased to hear that the County Council's Provider Quality Team (PQT) works closely with the CQC. Action plans for providers are developed where improvement has been identified as being needed. The PQT undertakes assessments and inspections of care homes and domiciliary care to evidence that robust processes are in place around:

- staff recruitment;
- staff training and supervision;
- care and support plans;
- records keeping;
- medicines management;
- staff rotas and mitigating against missed calls/late visits; and that
- having the right structures so that the provider is fit to work in the sector.

A vital part of the PQT assessment is talking to people who receive the services - scrutinising rotas and ensuring that clients were receiving care at the time and duration that they should be receiving it. The PQT also talk (in confidence) to staff to gain insight into how they are being managed. An On-line tool will then generate a score and highlight areas for action and discussion with the care provider.

Not every other upper tier authority has a PQT or similar. The establishment of the PQT by the County Council has enabled ongoing relationship building with providers that in other local authorities might need to be done by the procurement function instead.

The Group has been keen to understand which clients are contacted as part of PQT's assessment of a provider and have been advised that they will be selected both on need (using MOSAIC) and also a random sample element. Whilst a care provider may provide a list of potential clients for ECC to contact, ECC may not necessarily use it and instead will seek a cross section of users and will expect to talk to at least 5-10% of service users. If an issue is identified, then ECC may widen the inspection and speak to more service users.

There is an acknowledgement that there might be other mechanisms other than full assessment for smaller providers. CQC inspections also will share concerns with ECC. Sometimes an issue flagged may be just an individual issue that can be solved by social worker or other mechanism.

The Group have been advised that the PQT continually assesses the quality of commissioned domiciliary care and support services in Essex. However, members have had some concerns about the whether the size of the PQT is sufficient bearing in mind it oversees both care homes and residential care, and care for those with learning disabilities, as well as domiciliary care providers. Whilst there is a broadly similar assessment process for all the settings, there are slightly different things that also need to be looked at that are specific to the setting - for example, with domiciliary care providers ECC will need to look more at rotas, the number of missed calls and similar which would not be so applicable to a residential care setting. The

limited PQT resource means that the PQT need to use local intelligence efficiently and work with colleagues across the ECC organisation to help identify concerns and focus ECC resource where it is known there are problems, where ECC was doing most business, and where ECC was commissioning the largest care packages. Members feel that this seemed to emphasise an over-reliance on receiving complaints and issues of concern and that the team does not seem to have the capacity to be proactively inspecting and monitoring on a scale that would fully align with the size and cost of the services being commissioned and the responsibilities as a commissioner for high quality and safe services.

Induction and general training

The Group were assured by all the providers they spoke to that there is broad agreement between them on the elements of core induction training, and that consistent and robust training processes are in place to ensure properly trained and qualified care workers are providing the service. Care staff are expected to have completed mandatory training, some in classroom settings, in core competencies such as manual handling, safeguarding, medicines management, first aid, health and safety and infection control. New recruits will then job shadow for a period followed by being observed on home visits by an experienced carer before they work unsupervised supporting people in their homes. Whilst the Group only spoke to a small sample of provider representatives, the messaging was strong, aligns with ECC's expectations and forms a key part of ECC's assessment of providers undertaken by the PQT. The Group were assured that this was re-enforced through the PQT's close work with the Essex Care Association and should continue to be.

Providers are challenged by increased complexity of individual health needs and the County Council is working with providers to understand where the gaps are and develop different training and mentoring for providers. Often there can be a lack of confidence around providing care for certain conditions (like dementia, End of Life Care). Some additional training for other aspects of care will be done by the supervisor accompanying care workers on visits and training them on the job.

ECC are keen to find a more coherent collaborative strategy for training, particularly induction training, across the sector. If there are more shared approaches across different providers, then you can take away some of the fear and challenge of losing your staff as you should be able to recruit comparable replacements more easily. ECC have been talking to ECA to look at developing a passporting arrangement to avoid, for example, repeated induction training when changing employer. In addition, ECC are looking to ensure adequate management quality is also in place in provider companies as that can impact the quality of service being provided.

Responding to changing client needs

It was reported that providers would expect a care worker to report back to the office if they were seeing increased frailty, and/or increased medication needs and the care provider would then report back to Adult Social Care asking for an increased hours

allocation under the contract. If the evidence is accepted, then the allocated length of the care visit will be extended. Anecdotally the Group has heard that these can be approved the next day but sometimes it can take weeks and it is not clear to providers why that is the case. Providers have suggested that it may be down to insufficient initial evidence and perhaps more clarity is needed here.

ECC talk to providers about their respective business continuity planning when they come onto ECC's Live At Home framework contract - this should enable them to mitigate and respond to increased care needs and to be able to plan for the unexpected. ECC would expect providers to have a policy around accidents and incidents in the home which might necessitate a carer having to stay for longer on a particular day and the carer knowing what to do to escalate the issue.

Quality concerns

However, whilst hearing some good stories, the Group have also heard some concerning anecdotal evidence that, at least with some providers, there is not adequate oversight of quality standards and controls – these have included:

- carers coming into the home seeming to need more instruction on how to fix day and night packs for a catheter as they were not used to doing it (changing of the catheter is done by a district nurse).

- carers visiting times being inconsistent and not always at the appropriate point in the day.

- no proactive approach to ask if anything else needs doing and seemingly always pushed for time.

- an agency carer arriving who was pregnant and could not undertake some of the required care tasks.

- some care workers have had to be specifically asked to give a client a shower or shave.

- whilst there is a client folder prepared which identifies care needs, do carers follow this or even have time to read it when they first visit?

A challenge for the Group has been to assess how typical these concerns are. Anecdotal evidence is just that, it cannot suggest in itself that there is a systemic issue but it should alert commissioners and providers to cases where the system has not worked well and that focus is needed to ensure that they are blips in the overall provision of care in Essex. Officers have acknowledged that there is some variance in the quality of services across the county. This is addressed through robustly measuring and monitoring the minimum quality standards and the PQT carries out deep dive audits to ensure these quality standards are adhered to. In addition, a risk-based approach to managing service delivery and managing quality is undertaken,

based on the review of a range of indicators, including key performance indicators, provider concerns, financial risk indicators and safeguarding enquiries/concerns.

Members have challenged officers on how they monitor and respond to complaints and feedback about providers. It has been acknowledged that in terms of monitoring some evidence-based data driven activity it was still early days. However, ECC's Insight Team have been using surveys and Zoom calls to seek some user feedback during recent months. The Group are pleased to hear that there has also been a lot of proactive welfare calling during the pandemic to those known to be self-isolating and/or vulnerable and that this had been highly valued and re-assuring for users even if they did not actually need anything. It has been highlighted that the pandemic has been especially difficult for those with physical and sensory impairments as they are still finding it difficult to access their local community as it has not been possible for them to socially isolate properly at this time.

Officers have been keen to emphasise that there is ongoing work to move away from strict responsibility for welfare lying with just one organisation towards a more collaborative arrangement where everyone has responsibility for patient outcomes. It is expected that the Connect project will help design that change and genuinely hold people to account rather than just what happens in individual services/organisations.

During discussions with officers there seemed to be an acknowledgement that it was possible people could fall through the cracks and that frail people may be too scared to make a complaint about the quality of the service they were receiving. Skilled social workers do have conversations with vulnerable people and talk to relatives to try to tease out issues. Sometimes issues raised may meet the threshold for safeguarding concerns and Essex has a dedicated specialist safeguarding team to undertake enquiries.

Recommendation 5:

That, after the County Council elections in May 2021, the People and Families Policy and Scrutiny Committee should look at governance processes for user feedback and complaints handling in the domiciliary care sector to include how easy it is to feedback and/or complain, and changes made as a result.

Care worker feedback

The second annual care workforce survey has recently closed. The Group has looked at the high-level results from 394 care workers and other care workforce staff and noted that the Council has developed a workforce strategy with over forty commitments for ECC, and more than 30 for care providers (of which three are mandatory). These commitments will be embedded in Social Care service contracts going forward.

Some evidence was received from the Group from care workers around the use of zero-hours contracts and insufficient travelling time between visits. However, this was anecdotal and there was also confirmation from providers that zero-hours

contracts were only offered to those that wanted them for flexibility and that travelling time was paid from the time staff left their first call until their last call of the day. Clearly the Group has only had contributions from a small number of care workers and provider organisations but the Group recognise there may be differences between employers.

Capacity

Population demographics, increasing complexity of health and support needs and the greater focus on supporting people at home means capacity in the domiciliary care sector seems to be stretched and this has been exacerbated by the pandemic.

Sustainability of the domiciliary care market will partly depend on efficient use of resources and managing costs. However, over-emphasis on managing costs arguably can impact on the resilience in the provider market and this market now feels very fragile. Elsewhere in this report, there is mention of a range of reablement services available at the time of discharge which are perceived to reflect an increasing trend of smaller, add-on contracts which have been used to fill gaps and make-up perceived shortfalls - Reablement; In-lieu of Reablement; Provider of Last Resort; Winter Pressures, for example. It is arguable whether this is more of a fragmented rather than co-ordinated approach, driven largely by extreme demand pressures at times, and perhaps flags up that more attention is needed to build a stronger and larger capacity care provision locally that can fully meet the demand. This could reduce hand-offs between services and reduce delays due to assessment.

Essex Cares Limited provides the majority of reablement services. It has had the additional challenge to ‘ramp up’ capacity to take on the case load vacated by Allied Healthcare and it would be fair to say that it took time to do this and the County Council had to purchase extra capacity from the market to meet the shortfall in the meantime. The ECL service has grown significantly since –

> ECL provided approximately 6000 hours a week of care at the time of the Allied Healthcare insolvency and now provides close to 10,000 hours a week.
>
> Source: Essex Cares Limited representative at witness session

Talking to providers there are times when a service cannot meet all the demands placed on it in one day. It does not seem that this is happening frequently although it is an indication that the sector is stretched at times. The pandemic has brought extra pressure onto providers with staff sickness and absence rates significantly increasing and thereby exacerbating the pressures. Providers tend not to use agency staff and instead have a 'bank' of their own staff who do not have set shifts and can use them as flexible resource.

Providers assured the Group that on days when they were unable to fully undertake care visits on their usual schedule they would use risk ratings allocated to each client

to prioritise visits for those most in need and often providers would then ask family members to step in temporarily for those who have been rated with a lesser priority.

Providers have to be able to provide safe care and if they feel they cannot do that due to lack of resource then they must decline the case. ECL advised that they now decline less cases than they used to. Whilst it has been acknowledged elsewhere that the feedback on ECL reablement services is good, the Group is more concerned about what happens to people ECL cannot take on and the arrangements for alternative services.

Demand pressures and resources do vary between different parts of Essex. Currently, the most challenging area seems to be mid Essex, where ECL, in particular, has highlighted that they get more referrals than they can meet. The consequence of this is that it may mean that people stay in hospital for slightly longer and that there is a short delay before a care package is put in place. In the case of reablement, sometimes the case may be referred to other providers (such as domiciliary care providers) as alternative care provider. The exact reason why there seems to be particular pressure in mid Essex at the moment is unclear although it could be down to a slight variation in discharge process from hospitals in that area compared to others. Officers have assured the Group that they will be investigating this further. As mentioned elsewhere, due to the pandemic the Group has not had the opportunity to talk to the hospital trusts about their respective discharge process which would have helped understand any differences between areas, and there should be further scrutiny of this after the County Council elections.

Recommendation 6:

That, after the County Council elections in May 2021, the People and Families Policy and Scrutiny Committee should seek further assurance about the part of the discharge process undertaken in hospitals.

Some geographical areas will have other challenges, such as Uttlesford being very rural, and the Group are encouraged that ECC recognises that and discusses with providers more localised staffing arrangements where appropriate to make it easier for care staff to travel. ECC knows there are harder to source areas where travel and distances can be significant issues and care services can be less economic to provide and are showing flexibility towards their rates offered to providers for existing packages where there is a need for that supply and the provider evidences financial difficulties. The Council will discuss with providers how to support more difficult and sometimes unsustainable rounds of care visits. These arrangements continue to emphasise the challenges and fragility of the market in being able to provide a consistent service across the county.

Responding to the pandemic

The Covid pandemic has presented additional challenges to care providers in terms of keeping abreast of, and responding to, guidance, personal protective equipment, infection prevention and control, testing requirements and risk managing staff

and service users who are shielding. In response to the pandemic the Council has set up Care Market Hubs and meets regularly with domiciliary or intermediate care providers, to discuss what support they may need, share any information or concern and take appropriate action. Providers have welcomed this support and the putting in place of some financial measures to support the sector. Partly this was mandated by Government, but ECC have also used some discretionary funds.

The Group heard that Providers have shown resilience and resourcefulness and have generally maintained support to people over the crisis period. Business continuity and contingency plans were enacted, and technology has been used (such as Alcove tablets) to maintain contact and for welfare checks. As mentioned elsewhere, in some cases the RAG rating system for all clients was used to prioritise care for those with greatest needs. Working closely with ECC, and where necessary, some providers did temporarily combine some scheduled visits - carers have also been doing more hours than they normally would do. Office staff who were also trained as carers also went out on visits.

Community and voluntary organisations have redeployed staff during Covid-19 more towards providing community support and liaison. After the pandemic it is likely that they will go back to more project-based work so there could be resulting capacity issues as a result.

Recruitment

> I tell carers off for saying "I am just a carer". Instead it should be "I am proud to be a carer" – domiciliary care provider representative at a witness session

Recruitment in the sector will continue to be a challenge particularly around making it an attractive proposition for people to want to work in the sector as it is not possible to incentivise solely by pay.

Providers have highlighted that it is a challenge to get young people entering a career in reablement and domiciliary care as often they do not drive or have access to their own transport. However, ECL did highlight that they do offer apprenticeships in equipment centres and in Day Centres as they are fixed work locations and those without their own transport can use public transport to get to them instead. ECL have not found an economic way to provide staff vehicles yet.

There are NVQs for carers (nationally recognised) to take which they can then use to build and progress their careers into social work or healthcare.

As mentioned elsewhere, ECC are working with the ECA at passporting skills between employers which may make recruitment easier for those switching within the sector but, unless such passporting could be extended to other related care related sectors, then this will not assist attracting people from outside the domiciliary care sector.

Technological support

Care technology is a broad term that includes assistive technology, telecare and other types of technology connected to promoting health, wellbeing and independence.

There is now more emphasis on technological innovations, improving equipment and general wrap around services to help meet the increasing demand for, and expectations of, home support. It is fair to say that the sector had fallen behind in the use of technology compared to some other sectors although the County Council had started to prioritise it pre-pandemic. The Group are encouraged that the County Council now has a vision of integrating technology into day to day life and increasing the confidence of clients in using it.

The pandemic has emphasised the need for greater and faster use of digital and technology. However, whilst some clients may now prefer to use some aspects of technology, you do lose the benefits of face-face interaction and it needs to be part of a service 'blend' to facilitate contact with people. Important hands-on-care should still happen when needed. Some contributors to the review were particularly concerned that too much focus on increasing the use of technology could make people more isolated.

Technology to monitor safety and quality

Electronic home care monitoring is intended to be part of the Live at Home procurement framework which can include being able to spot in real time when visits are being made and when missed. The Group acknowledge that there is still some ongoing work in connection with this as the re-procurement is finalised.

Supporting family carers is one of the priorities for future commissioning arrangements and technology is now available that can help monitor care visits being made to give added assurance to family carers. Similarly, response mechanisms, such as fall alerts, are included in the re-procurement.

Technology to provide support

During the pandemic ECC has delivered 2,000 Alcove Video Care phones to vulnerable people in Essex with the aim to supplement face-to-face contact, aid social distancing and support emerging needs related to COVID-19. There have been good levels of engagement in getting the video care phones out to various locations but there was a delay in actual deployment and use as the County Council needed to make sure everyone was confident in using it. Whilst activation has had to be done remotely during the pandemic, a more hands-on support in activation should be possible post pandemic when it should continue to supplement face to face contacts. The aspiration should be that local providers get to a stage with using this technology where people who are close to going back to self-caring can deliver their final stage of supervised care via this technology. Tablets can also be used to check

up on those being supported and help supervise medicines management and receive on the spot feedback.

ECL have been discussing with Amazon about adapting the current Alexa device so it can turn on lights, for example, and see how it can be incorporated into the ECL service.

Objectives for the use of technology

Fundamentally, commissioners need to be clear on the objectives for encouraging and expanding the use of technology. Is it to prevent isolation and ensure safety monitoring mechanisms are in place for care visits? is the latter the most important objective to ensure quality? This is still a significant emerging area for domiciliary care and the Group feels that more time should be spent reviewing the potential of technology. In particular, whilst there seems a reasonable level of assurance that there is now information technology available to monitor the thoroughness and quality of home visits, technology that directly supports the service user needs more development so that it is truly interactive and can communicate and give advice to those being supported and help prevent unnecessary admissions to hospitals. This would then need to be incorporated into a variable service offer much like a menu of technical assistance that is available, recognising that not one size fits all.

Recommendation 7

That, after the County Council elections in May 2021, the People and Families Policy and Scrutiny Committee reviews the emerging potential of technology to further support people in their homes.

Live At Home contract

The County Council is currently in the process of procuring a new Live at Home framework, with its go live date originally scheduled for April 2021 now delayed due to the pandemic. Whilst not reviewing the contract provisions directly, the Group has had some issues raised particularly from domiciliary care providers.

Arising from the re-procurement, the intention is to move to a two-tier framework with up to ten high quality providers who are CQC rated good or outstanding on Tier 1 in each lot, through whom most of the support will be sourced. This will reduce the overall number of providers that the County Council engages with and the County Council believes this will allow more robust oversight around quality of provision, whilst still retaining some price control. However, such increased control may come at a price as it is not clear that this necessarily aligns with the County Council's strategic aim to enhance partnership working if it becomes so concentrated in a few providers.

The new framework has an increased focus on quality when assessing the bids received from providers (split 60:40 on price: quality from the previous 70:30 split)

and providers in tier 1 are required to have good or outstanding CQC ratings. Key Performance Indicators, which are linked to CQC Key Lines of Enquiry, are also included. However, the Group remains of the view that the focus still seems to be on price and notes the concerns raised by some providers that the framework could push higher quality providers down the list of preferred providers. There may be further discussions necessary to enhance a more collaborative and partnership view of the framework.

Whilst the tender process has been temporarily deferred due to the pandemic, the ECA would like to see further time allocated to 'draw breath' to take on board all the challenges faced and possibly remodel domiciliary care for a post-pandemic world. Again, there may be further discussions necessary to enhance a more collaborative and partnership view of the timing of the re-procurement.

Conclusions

The review has been undertaken against the backdrop of, and through the lens of, a global pandemic which meant that contributors and the local carer system as a whole have been facing extraordinary challenges and demand pressures throughout. The Group wants to acknowledge the immense contribution and dedication being shown by everyone in the local system in meeting the challenges faced in the last twelve months. With this in mind, the Group have appreciated more than ever the time granted to them by contributors to help with the review. The Group has not spoken to anyone from the NHS which, ordinarily, it would have done particularly in relation to discharge processes and this is referred to in a number of places in the report and has formed the basis of a number of recommendations for follow-up scrutiny work to be undertaken by the People and Families Policy and Scrutiny Committee when it is reconstituted after the May 2021 County Council elections.

In the meantime, this report to some extent is an interim report which acknowledges limitations placed on it due to the pandemic and imminent elections and that the review is not complete. However, it still manages to highlight issues raised by contributors which the Group would still like ECC officers to investigate further even though many of them have not been formalised into recommendations.

A Home First Principle has been established as a result of national guidance issued in March 2020 which changed the assessment for discharge dramatically. ECC is still working with hospitals to ensure that it can still input any previously identified concerns and support issues for a client about to be discharged but it is unclear how well this is working and what happens if the County Council is not fully satisfied with the process. In particular, an inadequate quality of discharge paperwork identified by providers will need to be addressed long-term and further attention is needed to ensure that this new way of doing assessments is not a retrograde step.

During discussions the Group have questioned whether the overall objective of providing domiciliary care is clear and what outcomes are being sought. So, for instance, at one level one can say that the service is to support people to live as

independently as they can in their home environment and focus is then put on delivery to achieve that. However, at another higher level if there is the aspirational system-wide objective to also get people out of hospital and keep people out of residential care (both of which costs the tax payer the most money) and domiciliary care does not work well enough then it defeats these objectives. If domiciliary care is better and more consistent then tax-payers money is better spent. Therefore, the Group believes that there needs to be further attention paid to improve domiciliary care as there is evidence, albeit some of it anecdotal, that is not consistently good enough at the moment for all service users.

Throughout the review, there seems to have been a disconnect between cases members hear about where some care provision has failed and some contributors who are suggesting that cases which go wrong are very isolated. This may be the case but the Group feels that there needs to be an acknowledgement that 'bad things can happen' even if it is a minority of cases and that a clear process is established to say this is why and this is what is being done to correct it. At the same time, the Group acknowledges that a majority of service users may still be getting a good service so it may be specific types of support or issues where the system does not quite work for everyone. The commissioning of Newton Europe to undertake a system diagnostic of hospital discharge cases is some acknowledgement that further work is required and the Group has welcomed the recommencement of subsequent work on this through the CONNECT programme.

The feedback on ECL reablement has been positive but the Group notes that demand pressures has meant that other alternatives have to be in place to fill the gaps when ECL does not have capacity to take a case. Perhaps, some of the quality issues raised may reflect those instances when a case does not get referred to ECL for reablement and where services do not fully join-up.

The Group has noted that re-procurement of the Live At Home Framework was paused due to the pandemic but is due to recommence and complete later this year. It would be fair to say that there is not universal agreement about the recommencement. The domiciliary care providers the Group spoke to were looking for the pause to be extended to allow for a more considered review of the impact of the pandemic and new ways of working whereas the County Council believes that the pandemic has reinforced its thinking and the trends previously identified. The Group understands both viewpoints although the pandemic is likely to throw up some lessons learnt. There may be further discussions necessary to enhance a more collaborative and partnership view of the timing of the recommencement of the re-procurement.

Recruitment remains an issue in the domiciliary sector although the Group has noted some differences between providers in how significant an issue that is for them. Promoting career opportunities in future needs to highlight not just being able to undertake care tasks but also to feel an emotional connection to their job and that clients feel that people care about them and are treated with dignity. Contributors have stressed that there also needs to be greater recognition that care work should be viewed more as profession and that training and qualifications should increasingly reflect that.

Glossary

Adult Social Care/ASC	System of support designed to maintain and promote the independence and wellbeing of disabled and older people and informal carers. It is often associated with the provision of personal care (such as eating, washing, or getting dressed) and accomodation. For the purposes of this report it may also refer to the functional part of the Essex County Council organisation that commissions the above services.
Age UK Home Help	A paid for face to face service which provides help in the home with tasks such as vacuuming, cleaning, changing beds, assisting with food preparation or sitting with an elderly person for a chat. The service does not provide any kind of personal care. In Essex this service closed in June 2020. Age UK home-help-service-closure
Alcove	Alcove video phones>
Care Quality Commission/CQC	The independent regulator of all health and social care services in England. It monitors, inspects and regulates hospitals, care homes, GP surgeries, dental practices and other care services. CQC
Clinical Commissioning Group/CCG	NHS body to organise the delivery of services in an area. It will commission most of the hospital and community NHS services in the local area for which it is responsible.
Connect Programme	A redesign programme to transform support for older people in hospital and at home including reablement and discharge from hospital processes. Connect Programme
CVS /Community and Voluntary organisations/sector	Community and voluntary groups running either as registered charities or non-charitable voluntary bodies working in the public interest undertaking activities that benefit the community.
DTOC/Delayed Transfers of Care	This occurs when a patient is ready to depart from a care setting but is still occupying a bed after a clinical decision has been made that it is safe to discharge them.
ECC/the County Council	Essex County Council. Essex County Council
Essex Care Association	An independent voluntary ‘not for profit’ organisation representing the interests of social care providers. It offers members a range of support services and a mutual support network. Essex Care Association
Essex Cares Limited	Provides care and support services in Essex for people to live safely and independently within their own homes and local communities. Essex Cares Limited
Essex Wellbeing Service	Supports Essex residents to access information and facilitate easy access and referrals to wellbeing services. Essex Wellbeing Service
Healthwatch Essex	Independent organisation representing the views of health and social care service users- Healthwatchessex
ISP/Independent Support Plan	A care and support plan for anyone who needs care or cares for someone else. It is prepared by the social

	services function at a local county council or other upper tier local authority responsible for social care. Each patient should get a personalised discharge plan before leaving hospital. Care and Support Plans
In-lieu of Reablement	Services offered to those eligible for a non-chargeable enabling/reablement service, usually provided upon discharge from hospital and where there is not enough capacity for it to be provided by Essex Cares Limited. The service should mirror that provided by the Essex Cares Limited main reablement service.
Integrated Discharge Team	Joint NHS and social care multi-disciplinary team based at hospitals to help with facilitating improved patient care and efficient and safe discharge of patients when they are medically fit to do so.
Live At Home contract/framework	A framework agreement for participating providers to work strategically with the County Council in developing the domiciliary support market in Essex. Providers who are part of this framework also receive care package offers ahead of other providers. Live at Home Framework
MOSAIC	Case management system to manage all social care on one platform and integrate health and social care data.
Newton Europe	Business consultancy company - Newton Europe
NHS/Health	Generically in the context of this report to mean the local health service. Usually it will mean health commissioners and providers collectively.
NVQs	National Vocational Qualification. A work-based qualification based on the skills and knowledge a person needs to do a job. The qualification is achieved through assessment and training.
People and Families Policy and Scrutiny Committee (PAF)	An Essex County Council Committee, comprising elected Councillors, that scrutinises the planning and provision of children and families services, education services and social care services in Essex.
PQT/ Provider Quality Team	Supplies a broad range of support to care providers in the form of training, coaching and mentoring opportunities to help support improvement. Provider Quality Team
Provider of Last Resort	This service ensures that support is available at very short notice or where there is no capacity in the market and the vulnerable Adult is at risk if a service is not provided.
Red Cross Home Support service	Support service to help someone live independently at home or when they return after a stay in hospital. Red Cross Support-at-home
Zero-hours contract	Employment contract with no minimum work time. The employer is not obliged to provide any minimum number of working hours to the employee

Annex 1 - Terms of Reference and Membership

Terms of Reference

To consider the current arrangements for, and oversight of, the delivery and quality of domiciliary care in Essex and identify any further possible issues with, and improvements to, such provision.

Key Lines of Enquiry

- To seek assurance that people will still be able to be referred into services, that access is available, (i) routes/options in normal course, and (ii) assurance that still happening during pandemic (including awareness, signposting and comms are in place). How maintain confidence to refer into the 'system'.

- To seek assurance that there is adequate monitoring of performance and service quality of domiciliary care providers and robust processes to monitor, identify and instigate improvement actions

- To seek assurance that there is adequate capacity in place.

- To understand the current provision of technological options available to support people in the home and how that can be further expanded and prevent unnecessary admissions to hospitals.

- To seek assurance that there are adequate discharge planning processes in place, arrangements for reablement (where appropriate) and identify issues for improvement.

Membership

Councillor Beverley Egan (Lead Member)
Councillor Jenny Chandler
Councillor Mark Durham
Councillor June Lumley
Councillor Peter May
Councillor Ron Pratt
Councillor Pat Reid

Declarations of interest (relevant to the review)

Councillor Mark Durham – family relationship to witnesses sharing first-hand experience of domiciliary care.

Councillor June Lumley – Chairman of Rayleigh and Rochford District Association for Voluntary Service

Annex 2 - Contributors

Members would like to thank the following who contributed to the review.

Name	Title and organisation
Matthew Barnett	Head of Strategic Commissioning and Policy, Essex County Council
James Clarke	Chief Executive Officer, Action for Family Carers
Joe Coogan	Director of Operations, Essex Cares Limited
Sam Crawford	Head of Provider Quality, Essex County Council
Peter Fairley	Director, Strategy, Policy & Integration (People), Essex County Council
Nick Flemming	Director and owner, Premier Care
Ann Forrester and Ruth Durham	First-hand experience of domiciliary care being received by a family member at the end of August 2020
Simon Harniess	Director of Development, Essex Care Association
Tanya George	Managing Director, Caremark Chelmsford & Uttlesford
Zoe Harriss (twice)	Category and Supplier Relationship Lead, Essex County Council
Christine Horn	Dementia Team Leader/Befriending Team Leader, Age Concern Colchester and Tendring
Janis Gibson	Chief Executive Officer, Castle Point Association of Voluntary Services
Simon Griffiths	Director Local Delivery (South), Essex County Council,
Lorraine Jarvis	Chief Officer, Chelmsford Centre Supporting Voluntary Action
Rebecca Jarvis	Head of Strategic Commissioning and Policy, Essex County Council
Shani Levy	Interim Director of Care and Support, Swan
Victoria Marzouki	Chief Officer, Rayleigh and Rochford District Association for Voluntary Service
Catherine McBride	Managing Director, North London Homecare
Moira McGrath (four times)	Director, Commissioning, Essex County Council
Michael Plant	Integration and Partnership Locality Lead, Essex County Council
Christine Richardson	Director of Operations, Forest Homecare
Jo Rogers (four times)	Commissioning Manager, Essex County Council
Sarah Troop	Director, Maldon and District Community Voluntary Service
Sharon Westfield de Cortez	Healthwatch Essex
Russell White	ASC Service Manager (Head of Connect Programme), Essex County Council
Care supervisor in Dengie area	Evidence provided on anonymised basis
Three care workers	Written evidence provided on anonymised basis

There were 11 evidence sessions (some with more than one witness present). Most evidence was oral although some written material was also considered. Advance questions from the Group were used to help structure some discussions. Some officers attended more than one session (as indicated above). Sharon Westfield de Cortez also was present at discussions with some of the other witnesses.

Annex 3 - Written evidence

1. Domiciliary Care and Support Deep Dive – introductory report prepared for the Task and Finish Group by ECC officers (October 2020)
2. Transforming Integrated Intermediate Care Pathways – Essex Health & Care – January 2020 Update (Essex County Council and NHS) (eight pages);
3. Essex County Council Care Worker Survey 2020 – Summary Report and Top-Line results (18 pages);
4. In lieu of Short-Term Enablement – Performance Standards – labelled Schedule 2 (Essex county Council) – 52 pages
5. Live At Home Service Specification – labelled Schedule 1 (Essex County Council) (50 pages);
6. Live At Home - Annex 1 to Schedule 1 – titled Objectives (six pages)
7. Care Quality Commission – About Us – what we do and how we do it (eight pages)
8. Cabinet Decision Paper dated 15 September 2020 – Transforming Community Care FP/776/07/20 – To award a contract to Newton Europe Limited to provide consultancy services.
9. Cabinet Decision Paper dated 15 September 2020 – Procurement of a Framework for Live At Home Domiciliary Support FP/778/08/20.
10. Cabinet Decision Paper dated 18 October 2019 – To go to market to procure services In Lieu of Reablement FP/529/09/19.
11. Cabinet Decision Paper dated 21 March 2017 – Direct Award of a New Short-Term Support in the Community Service FP/699/12/16.
12. Domiciliary Support Commissioning & Category Plan 2021 – power point presentation (72 slides)
13. ASC Covid-19 winter plan 2020-21 https://www.gov.uk/government/publications/adult-social-care-coronavirus-covid-19-winter-plan-2020-to-2021/adult-social-care-our-covid-19-winter-plan-2020-to-2021
14. Healthwatch Essex - Insight into contacts from individuals regarding Domiciliary Care to Healthwatch Essex between March 1st 2020 to October 31st 2020 – 18 case studies (presented to the Group during November 2020).
15. Three anonymised written submissions from local care workers (presented to the Group during December 2020 and January 2021)
16. Discharge Briefing prepared for the Task and Finish Group – ECC officer Power Point briefing and presentation – dated 11 December 2020
17. How are we using technology/thinking about use of technology to support people at Home – ECC officer briefing prepared for the Task and Finish Group – Power Point presentation (presented on 18 December 2020).
18. Written submission from Essex Care Association (February 2021).

Annex 4 - Limitations of the review

The Group is content that it has received a range of views and collected evidence from a number of key witnesses to help it have reasonable oversight of arrangements for domiciliary care in Essex, service user and care worker views, and the overall co-ordination of services. This has enabled it to come to some reasonable evidence-backed conclusions. However, the Group also acknowledge that, due to time and resource constraints, they have only just 'dipped below the surface' on some of the associated issues identified.

There were further investigations that could have been made and other witnesses with whom the Group could have consulted. Some of these are acknowledged within the body of the report and notably includes the NHS which has been under immense pressures as a result of the pandemic and a decision was taken not to try and engage with the NHS during this time.

The Group spoke to two witnesses who had first-hand experience of domiciliary care being received by a family member. Through additional discussions with Healthwatch Essex and provision by them of anonymised recent case studies of people contacting them who were trying to access or were receiving domiciliary care, and discussions with representatives from the community and voluntary sector who provided advice and support for those receiving domiciliary care or were carers and/or family members for those receiving domiciliary care , the Group believes it has received a reasonable representative evidence base of service user views and experience.

The Group acknowledge that it would have liked to have spoken to more community and voluntary sector witnesses. However, the Group recognise and appreciate that the pressures of the pandemic limited the number of organisations who felt able to or were able to respond and accept the invitation to participate in the review.

The review did not look at the re-procurement of the Live At Home framework in any detail but, as acknowledged elsewhere in the report, some concerns raised by providers in connection with the re-procurement have been highlighted.

This review did not include Extra Care and Supported Living or the procurement exercise to establish a new framework for the ongoing commissioning of supported living services for adults with learning disabilities and/or autism, and physical and/or sensory impairments.

The review also did not look directly at eligibility or thresholds for receiving domiciliary care although at times some discussion may have referred to these areas.

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