

<b>31 October 2018</b>		<b>ITEM: 11</b>
<b>Council</b>		
<b>Report of the Cabinet Member for Children and Adult Social Care</b>		
<b>Wards and communities affected:</b> All	<b>Key Decision:</b> Non-applicable	
<b>Report of:</b> Councillor Sue Little, Cabinet Member for Children and Adult Social Care		
<b>The Report is Public</b>		

## **Adult Social Care**

### **1. Introduction**

I am honoured to deliver my third Cabinet Member report to Council as Portfolio Holder for Children's and Adult Social Care. The report gives me the opportunity to reflect on what both my departments have achieved over the last year and detail the future of the services. I am proud of the progress we have made and would like to thank my senior officer team and all staff for their amazing commitment to improving services for the people of Thurrock.

### **2. Adult Social Care :**

For 2018/19 Adult Social Care was provided with £3.3m new funding which comprised:

Adult Social Care 3% Council Tax precept:	1,897,000
Improved Better Care Fund (pooled with the NHS):	974,000
Adult Social Care Support Grant (one off):	408,000

This funding has allowed us to meet the growing demands for adult social care, stabilise the market through increased funding for domiciliary and residential care but also to meet some of the rising costs of providers for such increases as the rise in the National Living wage.

Funding levels for 2019-20 will not be confirmed until the Government's Budget announcement in late October. However, we know that the precept cannot be increased further (as this was capped at 6% over 3 years) Potential pressures have been identified as part of the Medium Term Financial Strategy.

The challenges with recruitment and retention, particularly in relation to carers, market stability, demand and an ageing population remain and we are expecting

a Green Paper on the long term future funding of Adult Social care sometime in the autumn.

## **2.1 Stronger Communities**

In my last report, I emphasised the importance of providing a range of solutions to enable us to respond to the growing demands for social care. This helps to ensure that residents requiring support are able to have greater choice and control.

Thurrock has a strong track record of working with the voluntary and community sector, through the Stronger Together Thurrock partnership, to develop solutions that focus on the strength and assets that already exist within communities and individuals. This is based on the premise that strong and resilient communities are essential to achieving health and wellbeing.

I'm extremely proud, for example, of what we have been able to achieve through our social work and Local Area Coordination teams. There are numerous examples of how the intervention of good social work and Local Area Coordination has ensured that people have been able to achieve their vision of a good life – including making sure that they are less isolated and better connected within their communities and helping to tackle loneliness, which we know has a significant impact on wellbeing.

Since my report last year, the Stronger Communities agenda has continued to gather momentum. I will highlight a few examples below:

### **Social work**

Our social work teams continue to work alongside our partners to support and protect some of the most complex and vulnerable adults in Thurrock. We now have less than 5% turnover of qualified social work staff. This has led to people having consistent support in their lives, with a strong emphasis being placed on building relationships and helping people to live independent and fulfilling lives.

Thurrock is seen as a lead nationally in strength based social work, gaining recognition in the Chief Social worker for England's annual report, and contributing case studies for what will soon be national guidance on strength based social work.

I am also delighted to inform you that our Principal Social Worker, Fran Leddra, was this summer elected to the role of co-chair of the national principal social work network, this is a prestigious post that recognises Fran's, and Thurrock's, reputation at being at the forefront of innovation in the profession.

### **Local Area Coordination**

Our able to find solutions that help them achieve the outcomes that matter most to them. This can often be something as simple as connecting people with clubs and groups within the community. However, the team can deal with cases

ranging in complexity and reduce the risk of individuals reaching crisis point as well as ensuring that those individuals can achieve choice and control over their own lives. There are numerous case studies that continue to demonstrate the benefit and power of this service.

### **Micro Enterprises**

When I introduced my report last year, I spoke about how we were aiming to provide people with greater choice and control through expanding the market place for care and support with the introduction of Micro Enterprises. At the time of writing last year, we had helped 18 Micro Enterprises to be established. I'm extremely pleased to say that this initiative is continuing to prove extremely successful for a number of reasons. We have now helped to established 52 Micros (at the time of writing) and these are continually expanding. Residents do not have to be eligible for social care support to access the wide range of services that are offered by a Micro as they offer a range of services and solutions from gardening and housework, to pet sitting and home care.

Our work to help Micros to form has enabled the establishment of 38 paid employment opportunities and 28 volunteering opportunities. Because of the flexibility offered by Micros, they can also help people who need to work flexibly – maybe due to caring commitments or due to health-related reasons. Micros often help to fill gaps in service provision and provide very personalised services. Much of the feedback from people using the Micros established express this view.

### **Shared Lives**

This scheme enables adults with complex needs to live in a family setting in the community, avoiding a residential home placement. Residential placements for adults with complex needs are few and far between – with some being available only 'out of borough' at a very high cost. The Shared Lives scheme is part of our strategy to build capacity, flexibility and diversity in the adult social care market place.

The Shared Lives Contract has been in place since March 2017, the team is now well established in Thurrock with a positive profile. 4 Shared care arrangements have been made and are currently in the process of being approved. An additional 6 other potential shared care arrangements are starting the process for either respite or long term arrangements. Successfully developing Shared Lives schemes take time but I am reassured that we have everything in place to maximise success. Targeted work is also being carried out to identify further Shared Lives Carers and indeed people in our care who would benefit from this program.

## **2.2 The Built Environment**

Shaping the place we live in has a significant bearing on our health and wellbeing. We know that influencing the built environment will help us to manage and reduce the demand for adult social care and health. For this

reason it is a key element of our transformation programme. We have a well-established Housing and Planning Advisory Group in place which reports to the Health and Wellbeing Board. The Housing and Planning Advisory Group helps us to manage and influence issues that span planning, development and housing. The Group includes representatives from health, social care, community safety and planning.

We have a number of projects underway upon which I want to provide an update:

### **Chichester Close**

Last year I noted the success of the Council, with the support of the Clinical Commissioning Group, in being awarded approximately £500k from the Housing & Technology fund for People with Learning Disabilities Local Authority Capital Fund. This money was secured to develop homes for people with learning disabilities who may otherwise have to live in residential care outside the Borough. The work is now completed and 8 people with Learning Disabilities have moved into their own homes. Each person has a direct payment to fund the support they require. This is a great success and has made a significant difference to the quality of the lives of the people involved.

### **Medina Road**

Last year I had the pleasure of informing you that in line with our autism strategy the Council and Clinical Commissioning Group supported a bid by Peabody (previously Family Mosaic) to the Care and Support Specialised Housing Fund. This secured £786,948 to develop 6 homes for young people with autism and/or severe learning disabilities in Medina Road, Grays.

After an extensive process, planning permission was approved and the initial work is just about to start. 6 specialist units of accommodation will be built. The scheme will be to a high specification, central to its local community and able to meet the needs of people with lived experience of autism. The specification draws on the “Living in the community Housing Design for Adults with Autism” report which guides architects and designers. The scheme is expected to take about 12 months to build, with completion now scheduled for late 2019.

### **Calcutta Road**

This housing scheme in Tilbury, being developed by the Council, is the 2<sup>nd</sup> to be designed to follow the recommendations of Housing our Ageing Population: Panel for Innovation (the HAPPI report).

The design addresses the fact that the health of older people is exacerbated by poor housing, particularly inaccessible poorly-heated and poorly lit homes, making older people vulnerable to conditions such as respiratory and cardiovascular diseases, more likely to have falls and fractures and to be less active, resulting in them often feeling socially isolated and depressed.

The scheme comprises 31 one-bedroom flats and 4 two-bedroom duplexes with communal facilities. All homes are dual aspect and wheelchair adaptable, with a private outdoor balcony or patio. The scheme will feature three main landscaped external spaces: a small public space fronting onto Calcutta Road, a secure shared podium-level garden and an allotment garden to the north of the scheme. Completion is expected in early 2020.

### **21<sup>st</sup> Century Residential Care**

As part of our transformative approach, we also want to ensure that we provide residential care that is fit for the 21<sup>st</sup> Century. We are currently tendering for a design team for a new facility in South Ockendon. This will increase our residential placement capacity and provide homes specifically designed for people who need residential or nursing care. And, as many of our residents are ready to leave hospital but may not be ready to go home as they need an intermediate care option first, the new care facility will also provide increased intermediate care capacity. Cabinet will be asked to confirm the commencement of a procurement exercise in December.

### **2.3 Integration with the NHS and community partners**

In last year's report, I emphasised the strong relationship between health and social care, and the voluntary and community sector. These relationships have been essential to our ability to deliver so much for our residents.

No longer can we deliver an organisation-focused approach to providing people with the support they need to continue living independent lives. Supporting people to continue to live independently and feel that they have choice and control in their lives often spans organisational boundaries. We are now truly moving towards delivering a 'system' response to health, care and wellbeing. I've detailed below some examples of how this is being achieved:

#### **Better Care Fund**

Our Better Care Fund for 2017-19 stands at £42 million and consists of the Clinical Commissioning Group budgets and Adult Social Care budgets pertaining to older people. 60% of the funding comes from the Council and 40% from the Clinical Commissioning Group. The plan that sits behind the fund identifies how the money is to be allocated. Thurrock received excellent feedback for its plan through the assurance process.

Discussions are now taking place about the Fund's future focus. It has traditionally focused on older adults but there are opportunities to expand the Fund, so that it mirrors as far as possible the health and care spend in the Borough – for example including funding relating to adults of working age and giving consideration to children's health and social care funding streams.

## **Better Care Together Thurrock - New Model of Care**

I spoke last time about the Director of Public Health's report on a new model of health and social care – designed to enhance and concentrate the focus on prevention and early intervention through a population-health approach. This aims to support people to remain healthier for longer and ensure that when they do develop a health condition or the need for support, they can usually manage that condition or receive the support they need close to where they live.

The findings of the report produced by the Director of Public Health have provided the basis of the next phase of our transformation programme, known as Better Care Together Thurrock. Our programme is completely integrated with Health and being developed in partnership with the voluntary and community sector and the Stronger Communities Partnership.

As part of the Better Care Together Thurrock programme, we are focusing on redesigning the health and care system, initially testing out our approach in one area of the Borough (Tilbury and Chadwell). I'm extremely excited about the benefits this work will bring. We are focusing on a number of areas in order to bring about the change we want to see:

- Transforming community services;
- Preventing, identifying and managing long term conditions;
- Developing a mixed primary care workforce; and
- Building strong and resilient communities.

There are numerous initiatives being developed and delivered under each of the streams below:

### **Technology Enabled Care in Thurrock**

I am delighted to report that locally we have embarked on a project to increase the awareness of assistive technology and how it can benefit people to stay well and independent in their own homes and remain connected to the wider community.

A pilot project which is linked to social care and health service developments in Tilbury and Chadwell, encourages staff to consider how assistive technology could be used to help prevent, reduce or delay the need for formal care. The project is also looking at innovative uses of digital apps that are designed to promote health and wellbeing and support people to stay connected with friends and family.

A comprehensive training programme has been launched for staff and community partners running initially from September and through to December. The programme will provide three levels of expertise in the use of assistive technology with the aim of having a small group of highly trained experts who will be able to undertake complex assessments of suitable telecare equipment in the home.

The programme will also raise awareness of the benefits of assisted technology amongst all Adult Social Care and Housing staff so that they can act as champions. In addition to staff training, two workshops have been held for residential care homes looking at the use of telecare/telehealth.

In parallel, a pilot project is being set up which uses a specially designed phone application to support vulnerable young people with navigating further education. It can also be used to help working age adults with depression and anxiety resume independent living.

This is yet another example of how we are trying to transform the well-being system in Thurrock and are taking full advantage of every possible innovative solution, which will help to ensure our citizens can enjoy a full life, living as independently as possible, minimising the impact of ageing and disability in terms of their quality of life.

## **2.4 The local Health and Social Care market:**

### **Delayed Transfers of Care**

Delayed Transfers of Care (or DTOCs as they are often referred as) remains a concern nationally. Delayed Transfers of Care are where someone is medically fit to leave hospital but there is no-where for them to move to. This might be because they need an intermediate care bed but one isn't available, or because they need a care package at home but care providers have no capacity.

Delayed Transfers of Care levels have increased but Thurrock is still performing well compared to other local authorities. It is a key priority in our Better Care Fund Plan. We have also increased the numbers of staff in the hospital social work team and are continuing our 'Home from Hospital' service to keep the Delayed Transfers of Care numbers as low as possible.

### **Provider Market**

Further to my report last year the provider market continues to be fragile. However, a great deal of work has been undertaken to increase capacity. The new contracts for Domiciliary Care have been in place since April 2018 and are progressing very well. Our in-house services have stabilised and we have created Thurrock Care at Home as our in-house domiciliary care provider. Regular meetings are held with all providers to monitor stability and capacity. A real and meaningful partnership approach is now well established.

### **Recruitment and Retention**

Earlier in this report I highlighted the success we have had with retaining our qualified social work staff. However, recruiting and retaining carers remains a particular challenge.

In Thurrock, there are numerous opportunities for flexible and part-time work in the retail and distribution industries. This has an adverse impact on our ability to recruit carers given the limited pool of people to draw from.

We continue to regularly hold recruitment days across Adult Social Care for social work staff and carers and we liaise with local colleges and we advertise widely. We are working hard to ensure that caring is seen as a positive career choice that enables individuals to improve their skills and experience and expertise with room for career development.

### **Partnership Working (across the health and care system)**

A number of the challenges felt by Thurrock Adult Social Care are shared by health partners. In the main this is because those individuals who are most resource intensive for adult social care are also the most resource intensive for health providers. They are our most complex and frail residents. As well as Adult Social Care, health providers are also struggling with capacity, recruitment and retention, and face similar demand pressures that are compounded by demographic change.

A number of the service users receiving a service from Adult Social Care will also be receiving a service from one or more health providers. As a result, there has been a growing focus on delivering solutions that span the health and care system and for greater integration – as reflected by our Better Care Fund Plan.

## **2.5 Future Adult Social Care Delivery**

Whilst I will detail the initiatives we are responsible for taking forward below, the steps we are taking are part of the broader Health and Social Care Transformation Programme Better Care Together Thurrock and are not stand alone. For the reasons already outlined, it is absolutely key that we adopt a system and not an organisational approach to defining the future of health and care in Thurrock – putting our residents at the heart of everything we do.

### **Wellbeing Teams**

The challenges faced by domiciliary care are well rehearsed and it is important we find alternative models. The development of our Micro Enterprises project is one way we are seeking to address what is one of our greatest risks, but another is the development and delivery of alternative models of care. This means doing things very differently. In Thurrock, we are testing a different model known as Wellbeing Teams. Based on the Buurtzorg model of self-management, Wellbeing Teams launches a new approach to delivering the outcomes that are most important to the individual being supported.

This means a move away from a more traditional ‘time and task’ way of delivering care, to a flexible approach that puts the individual firmly in control of how they want to be supported.

This includes the person being able to choose the wellbeing team worker that will be supporting them and coproducing how they want their support to be delivered. The new approach will enable individuals to get a higher degree of personalised and flexible support. It also enables us to improve the profile of the care professional – and area that we struggle with in terms of recruitment and retention, as highlighted earlier in this report.

Two teams are scheduled to start in the New Year and the approach will be run on a pilot basis in the first instance. I look forward to providing you all with an update in future.

### **Community Led Support Team**

Again, as part of our Better Care Together transformation programme, we are introducing an initiative known as Community Led Support (CLS). This is Social work led and similar to Wellbeing Teams. Community Led Support provides a different way of delivering the care and assessment function of adult social care.

We will be launching one pilot Community Led Support Team covering Tilbury and Chadwell in the Autumn. The Team will be based in the community and will operate via a system of appointments and also 'drop-in' sessions at different venues. The 'drop in' sessions provide people with an opportunity to get the advice they need close to home. By being in the community, the Team can make links with other key stakeholders – for example Housing, Mental Health, Community and Voluntary Groups, GPs. As the Team develops the links within the community, it should become easier to get people the right solutions and reduce the amount of onward referrals and should be easier to tailor an approach that suits the community based on knowledge of that community.

The aim for the team will be to reduce bureaucracy and increase the amount of time available to be spent with individuals requiring support. The team will be expected to identify improvement opportunities that help to achieve that aim. As with Wellbeing Teams, I look forward to providing you all with an update at a later date.

### **Domiciliary Care**

The Domiciliary Care tender was awarded in April 2018. The tender process has addressed some of the key issues that contribute to market instability. There is a greater focus on outcomes rather than time and task calls. The care is now delivered in smaller geographical areas meaning less travelling time for carers, carers being able to work where they live and more locally focused services for people in their local communities.

We have retained a number of hours within the Council to deliver domiciliary care services through Thurrock Care at Home and we will be utilising a proportion of these hours to pilot Wellbeing Teams in Thurrock. The work has started to develop and recruit to these teams and they will start providing services from the New Year.

## **Safeguarding**

Safeguarding adults who may be at risk of abuse or harm is a priority for adult social care. The statutory Board led by Thurrock Council, the Clinical Commissioning Group and Essex Police is now well established and the safeguarding team provide skilled and person-centred interventions.

In 2017-18 there were 628 concerns received and 187 of these went on to be progressed as an enquiry as defined under section 42 of the Care Act. We received a high number of safeguarding alerts that reported there had been acts of neglect and / or omission, to which the Safeguarding Team have been working closely with the Providers and our Contracts Team to ensure situations are managed and good person centred outcomes are achieved.

Following on from 2016-17 where it was identified that a high proportion of people in South Ockendon/Aveley experienced financial abuse, work has been undertaken with the victims so they may support each other to prevent future cases of financial exploitation.

The team manage the Deprivation of Liberty Safeguard (DoLS) Service which has seen a year on year increase in applications for people in care homes and hospitals. For 2017-18, the team received 779 applications with the Council granting a safeguard for 449 people, thus far. Nationally, the Deprivation of Liberty Safeguard Service has been criticised as overly complicated and costly by the Government, therefore, in 2018-19 work will be start to be undertaken to implement the new Liberty Protection Safeguards. We expect the new Mental Capacity Bill 2018 to be in force in early 2020.

The team also consists of the Corporate Appointee Team who currently manages 146 adults that have been identified needing support with their finances.

## **Learning Disability, Autism, Complex Care**

The work we do with disabled young people transitioning into adulthood was strengthened by the creation of a new 'Preparing for Adulthood' Team in 2017. This has been extremely successful in ensuring that disabled young people move into adult services seamlessly. The team continues to work closely with our colleagues in Children's Directorate, and all post 17 young people are discussed at a multi-agency 'Preparing for Adulthood' forum to ensure all agencies are joined up in their planning.

The Preparing for Adulthood strategy is being refreshed this year through a dedicated multi- agency steering group and it is being co-produced with young people and their families.

For those adults that need long term support from a social worker and health professional a new complex care Multi-Disciplinary Team meeting has been set up to regularly review support, and put in place plans to reduce risk and support independence within our communities. The complex care team supports some

of our most challenging residents, and has specialist knowledge around Autism and Learning Disability. This team ensure timely legal interventions where necessary, keeping individuals safe and ensuring their rights are upheld.

### **Transforming Care Partnership**

Thurrock is a partner with Essex, Southend and the 7 Clinical Commissioning Groups across Essex Southend and Thurrock in delivering this national programme. The programme aims to improve services and support for children, young people and adults with a learning disability and/or autism who display challenging behaviour and it also includes those with a mental health condition.

Its key aims are to reduce inpatient provision and help people live happy and healthy lives within their own home. Through creative and skilled intervention, Thurrock is committed to supporting people within their own neighbourhoods rather than institutions. A significant achievement this year has been the change to the delivery of specialist Health Care for people with Learning Disabilities across all of Essex. The new specialist Health Care contract started on the 1st October 2018 and is to be delivered in a partnership arrangement a jointly funded Team will monitor the delivery of the contract locally and across Essex.

### **2.6 And finally.....**

I'm extremely proud of what Thurrock staff have achieved. It is therefore very encouraging when we continue to receive recognition from those charged with setting and developing the direction of travel for the country.

Thurrock is regularly 'name checked' for the innovative work it carries out to transform social care, and I am confident that the innovation in Thurrock gives us and our residents the best chance of success in the future.

## Financial Information

Service	Sub-Service	17-18 Outturn £k	18-19 Revised Budget £k	18-19 Forecast Outturn £k	Variance to Budget £k
Commissioning & Contracts	Appointee & Receivership	117	118	122	4
	Assistive Technology	82	80	80	0
	Blue Badges	33	30	26	(4)
	Commissioning & Contract Management	857	863	862	(1)
	Demand Management	0	269	239	(30)
	Healthwatch	124	124	124	0
	Management & Support	139	518	477	(41)
	Meals on Wheels	177	139	153	14
	Special Equipment	436	479	469	(10)
	Voluntary Contracts	492	410	413	4
	Customer Finance	354	387	387	(0)
Supporting People	272	277	277	0	
<b>Commissioning &amp; Contracts Total</b>		<b>3,083</b>	<b>3,693</b>	<b>3,629</b>	<b>(64)</b>
External Placements	Learning Disabilities	10,945	11,620	11,433	(187)
	Mental Health	2,893	2,951	3,110	159
	Older People	4,747	5,098	4,949	(149)
	Physical Disabilities	2,733	3,226	3,194	(32)
<b>External Placements Total</b>		<b>21,319</b>	<b>22,894</b>	<b>22,686</b>	<b>(208)</b>
Fieldwork Services	Community Mental Health	758	789	773	(16)
	Early Intervention	1,270	1,431	1,402	(29)
	Hospital Social Work & RRAS	499	456	469	13
	Local Area Co-ordinators	102	125	129	4
	Older People Mental Health	215	222	199	(22)
	Safeguarding	481	530	533	3
	Thurrock First	279	421	415	(6)
	Complex Care & Transitions	276	261	252	(9)
<b>Fieldwork Services Total</b>		<b>3,881</b>	<b>4,235</b>	<b>4,172</b>	<b>(62)</b>
Provider Services	Collins House	764	820	893	73
	Day Care	907	1,001	997	(4)
	Extra Care	614	669	704	36
	Internal Homecare & Joint Reablement	2,537	2,236	2,214	(22)
<b>Provider Services Total</b>		<b>4,822</b>	<b>4,726</b>	<b>4,808</b>	<b>82</b>
Better Care Fund	Carry Forward to 2019-20	0	0	200	200
<b>Grand Total</b>		<b>33,105</b>	<b>35,548</b>	<b>35,496</b>	<b>(52)</b>

### **3. Children's Social Care**

I have considerable experience and knowledge of children's social care services, have chaired the Corporate Parenting Committee and I am a member of the Fostering Panel. I understand the strengths and vulnerabilities of the service well and I am vehement about ensuring that we deliver the best possible services to vulnerable children and their families. I attend the children's social care development board on a monthly basis to ensure that the service continues to make progress on its journey to good and outstanding. Progress has been confirmed by the recent Ofsted Focused Visit on 11 and 12 September although there is still work for us to do if we are to achieve our ambition of becoming an outstanding service. However, I remain confident that my officers have the commitment and drive to continue to move the service in the right direction. This is critical in an environment where there is increased oversight and monitoring from the service regulator, Ofsted.

Since I became Portfolio Holder in 2016 I have achieved the following:

- Increased the number of permanent social workers and reduced the use of agency social workers;
- Increased the number of in-house foster carers and enabled more Thurrock children to be placed with Thurrock carers;
- Joined the Eastern Region Adoption Alliance to ensure pooling of resources and increasing the number of adopters available for Thurrock children;
- reduced the number of unaccompanied asylum seeking children from a high of 103 down to 32;
- Reduced the number of children in care and the number of children with a child protection plan; improved educational outcomes for looked after children; and
- Overseen the continued improvement in children's social care performance and had a positive outcome from the Ofsted Focused Visit.

#### **3.1. Context**

The Children & Social Work Bill (2016) published in May 2016 provided a wide-ranging and significant change in legislation for the social work profession. The Bill covers the care system, adoption, corporate parenting and; rights of care leavers. In addition, it includes the introduction of a Child Safeguarding Practice Review Panel; significant changes to social worker accreditation, regulation, registration, and training; as well as publication and sharing of information, and a duty for agencies to co-operate when children are at risk of harm.

There is clear evidence nationally that the demand for children's social care services continues to rise, with domestic abuse, parental mental ill health and substance misuse being key drivers behind the rise in the number of children with a child protection plan and children in care.

Thurrock continues to have high rates of children being supported by social care but numbers have dropped in the past year to bring us more into line with our statistical neighbours. We have seen a decrease in the number of contacts and referrals, and the number of children in care has reduced from a high of 353 in 2016 to the current number of 309. The number of children with a child protection plan has reduced from 293 to 200 as a less punitive and more strengths based approach has been adopted by the department and its partners. Further work will be undertaken by officers to develop services which will enable us to safely reduce the number of children with a child protection plan and the number of children in care.

I am pleased to have seen significant progress in Thurrock Children's Social Care Services over the past year. The service continues to make improvements following the 2016 Ofsted Inspection and this has been validated through the annual conversation with Ofsted and the recent encouragement from the Focused Visit, which are both part of the new inspection framework. With the regulator providing encouraging for the progress we've made to date, the service will be given more time to embed the improvements that are clearly evident.

## **3.2 Service Developments**

### **Unaccompanied Asylum Seeking Children**

The last 3 years has seen an unprecedented rise in the number of refugee children arriving in Thurrock and entering care. These children usually enter the UK at Dover often in the back of lorry and are subsequently dropped off at Thurrock services on the M25.

Alternatively young people have entered the UK via the ports at Purfleet and Tilbury. As they present themselves in Thurrock they automatically become the responsibility of the authority. The Home Office has sent out guidance suggesting that local authorities should be able to accept a number of refugee's equivalent to 0.07% of their overall child population. In Thurrock's case, this should be 28 children. In 2016 resources were being stretched to the limit supporting over 100 children which is over 3 times the threshold.

So it is positive to note that tremendous progress has been made in reducing the number of unaccompanied asylum seeking children looked after by the council. Under my direction and leadership, officers have worked with colleagues in the Eastern Region authorities to establish a transfer protocol so that the financial burden of looking after refugee children would be shared equally across all authorities in the region. As a result at the time of writing this report there were only 32 Unaccompanied Asylum Seeking Children in our care with numbers continuing to fall month by month.

### **3.3 The Social Care Workforce**

One of the key areas of concern from our 2016 Ofsted Inspection was the instability of the social care workforce. The high number of agency social work staff was also contributing to an unacceptably high overspend in Children's Services.

I am delighted to report that we have made great progress in recruiting more permanent social workers while at the same time reducing the rate we pay the remaining agency staff. Through our collaborative work the Eastern Region Authorities established a Memorandum of Co-operation which has enabled us to reduce the number of agency social workers paid over the agreed rate. In July 2016 we employed 70 agency staff with 56 paid over the Memorandum of Cooperation rate. Today we have employed 39 agency social workers and only 2 are paid over the Memorandum of Cooperation rate. This is positive news for both Thurrock and the region as a whole, as together we have been able to reduce spending on high cost agency social workers.

As well as having success in recruiting a permanent workforce, the turnover rate for social workers at just over 7% is low and has ensured we can provide continuity for service users. Social worker sickness rates in the service remain below the council average, indicating good levels of support and supervision for staff. This was validated by our Ofsted Focused Visit. Further work is underway on the structure of the service to address issues about the size of caseloads and management spans of control to ensure there is effective oversight of casework practice.

### **3.4 Ofsted Focused Visit**

The Focused Visit is part of the new framework called the Inspection of Local Authority Children's Services (ILACS). Under this framework every local authority has an annual conversation with Ofsted based on a self-assessment.

This inspection focussed on children and families needing support and children for whom there are child protection concerns. The inspectors interviewed over 20 social workers and inspected case records. Social workers and case records were chosen randomly with the latter being inspected in detail. In addition over 100 documents including data reports were uploaded onto the shared Ofsted database for examination by inspectors.

Inspectors reported that since the last inspection in 2016 there have been significant changes. The Authority have established a dedicated senior management team to lead children's services and increased social worker capacity. The Authority has been successful in recruiting a permanent workforce. Social worker vacancies have reduced significantly since the last inspection. Social workers informed inspectors they liked working for Thurrock and that they felt supported by their managers. Social Workers

report that standards of practice expected are clear and supported by good opportunities for training and development.

Inspectors found that children and families are supported to build good relationships with their social workers. Social workers had a good understanding of children's experiences and are working well with parents and extended family members to ensure their views inform service planning.

Inspectors reported that senior managers are aware of the strengths and weaknesses of the service and have a clear understanding of what needs to be done to continue to improve services. While many strengths of the service were acknowledged, areas such as workload pressures and children's access to advocacy services were identified as areas for further development. We welcome the challenge provided by inspection and will continue to build on progress in the coming months. The outcome of the inspection will inform when Ofsted will undertake its full inspection which is due in 2019.

The outcome of the Ofsted Focused Visit can be viewed at:  
<https://files.api.ofsted.gov.uk/v1/file/50030096>"

### 3.5 Service Reviews

Following last year's Annual Public Health report and number of recommendations were made on how the service could better manage demand. Through a programme of cross-cutting service reviews, there are now a number of service developments to support improvements in the quality of provision. These developments include:

- **Adoption Service** – The main focus on this business case is to concentrate on the adoption service currently provided and will change the approach at Thurrock and increase the staffing resources in Children's Service
- **Edge of Care** - This service has been developed as part of our early intervention and prevention strategy to provide support to enable more children and young people to remain safely within their families. The service is based on schemes that have been successfully implemented in other authorities. As part of an Early Help strategy to intervene early when families are in difficulty to offer evidence based support and help in order to improve outcomes for children and young people and also reduce demand for high cost children's social care statutory services
- **Fostering** – Our key focus will be on developing and growing our in-house fostering service and reduce our dependence on high cost independent fostering agencies. It specifically seeks to provide up to 100 extra in-house places for looked after children to reduce Independent Fostering Agency purchases and associated costs
- **Signs of Safety** – Is a strengths based social work practice model which enables social workers to work more collaboratively with

parents and ensuring that their views and the views of their children are a key part of any care planning. It is an internationally respected model of practice and has been implemented in numerous Local Authorities across the UK during the past 10 years. It is already being used by a number of local authorities in the UK and worldwide, and is an innovative approach to statutory children's social work. We plan to adapt it and make it our own, with our own front-line experts shaping how and when it is used. In recognition of our progress in implementing Signs of Safety in the Authority, the Chief Social Worker for England visited Thurrock to give a keynote speech at our launch of the model.

- **Two for One** – This is an innovative new initiative to support recruitment of permanent social workers. The service receives many applications from newly qualified social workers. Through this scheme, new inexperienced staff will be supported by experienced agency staff up to the point where they are able to hold a full caseload. This will accelerate our success in recruitment of permanent staff.

### 3.6 Fostering and Adoption

Fostering recruitment continues to be a priority for the service. There were 22 new fostering household approvals between April 2017 and March 2018 (10 approvals in 2016/17); between April 2018 to September, 20 initial visits were made. Of that number, 6 families have been approved and 6 applications are at different stages of the assessment process. Two new members of staff will shortly be joining the fostering recruitment team which will provide additional capacity in the drive to increase our fostering households. This will support our ambition to place more children in Thurrock so that they can continue to access local services and remain close to their families and communities.

The fostering service has been successful at steadily reducing the number of children and young people placed a substantial distance from the borough. In 2016 72% of children in care were placed out of the borough and only 28% inside the borough. As of 31st March 2018, of the 309 Children Looked After; 125 (40.5%) were placed inside of the Local Authority; 111 (35.9%) were placed outside of the Local Authority but within 20 miles of home and 49 (15.9%) were placed more than 20 miles away from home. 7.8% of children without a home postcode (generally Unaccompanied Asylum Seeking Children) were placed outside of the Local Authority.

We are continuing in our drive to improve our numbers of children placed with adopters by Thurrock and we are on target to double the numbers of adoption orders made from 7 to 15 by 31st March 2019, and have ended our partnership with Coram and brought adoption back in house. 7 Adoption Orders have been made since 1st April 2018. This will bring our number of adoption Orders to date to the same level of total orders made in 2017/18. In addition 3 fostering households are currently being assessed to adopt 4

children and a 4th fostering household has expressed an interest in adopting 3 children in placement.

### **3.7 Child Sexual Exploitation**

Child sexual exploitation continues to be well understood and addressed across the service in collaboration with partner agencies.

An extensive training programme has been coordinated by the Child Sexual Exploitation Manager: bespoke Child Sexual Exploitation and Trafficking awareness training has been written and delivered in collaboration with Essex Police, Open Door and South Essex Rape Incest Crisis Centre, (SERICC) variously, to in excess of 1200 professionals, (excluding those present at conferences). Agencies and numbers trained so far comprise: CSC and Support Workers: 332; Adult Social Care: 48; Thurrock Foster Carers: 66; Thurrock Housing staff: 201; Independent Fostering Association Providers and Residential Staff: 71; Thurrock GPs: 27; Thurrock Licenced Taxi Operators, Drivers and PAs: 407 currently licensed Taxi drivers have been trained, leaving only 12 existing drivers to be trained. It is now a condition of Thurrock Taxi Drivers to be trained within 3 months of their attaining their license in the Borough.

With a view to increasing local vigilance around these inter-related exploitative harms, two Hotel Managers initially, have been engaged by the Child Sexual Exploitation Manager and Principal Licensing Officer to participate in Child Sexual Exploitation and Trafficking training. They have agreed for their staff teams to be trained by the CSE Manager and Essex Police Young People's Officer. Dates are currently being agreed with a view to this training to be delivered by the end of 2018.

In recognition of the national and local increase in trafficking and exploitation of children in the context of County Lines, bespoke Modern Slavery and Human Trafficking Training has been written and delivered by the Child Sexual Exploitation Manager in collaboration with the Essex Police Trafficking Lead, to Children's Social Care staff. The feedback has been positive, and a further two sessions under the Children's Service's Practice Development programme have been confirmed for 2018.

Thurrock has an established Risk Assessment Group, (RAG): The Risk Assessment Group, a sub-group of the Thurrock Safeguarding Children Board, continues to meet every 2 weeks, and is attended by a range of statutory and voluntary partners. It has had presented for review 53 referrals for 49 separate children between 01 October 2018 and 3 October 2018, facilitating challenge, oversight and development of plans to reduce the vulnerability of children, and identify opportunities to target, disrupt and investigate potential perpetrators.

Multi Agency Child Exploitation Meeting (MACE) oversees the Risk Assessment Group, and is attended by up to 13 statutory and voluntary agencies every 6 weeks. The Southend, Essex and Thurrock Child Sexual

Exploitation Strategy has been translated into the Thurrock Multi-Agency Sexual Exploitation, 'Plan on a Page' to guide multi-agency progression around this area: this in turn has informed the detailed Thurrock Children's Services 'Child Sexual Exploitation, Missing Children and Trafficking Action Plan 2017/18'.

'I Didn't Know' Child Sexual Exploitation Campaign, 2018: In order to better equip adult and child residents of Thurrock in spotting indicators of online abuse and youth-produced sexual imagery, and to know how to report this, given the increase internationally and nationally, (National Society for Prevention and Cruelty to Children (NSPCC), 2015: National Crime Agency, 2017) and locally (Essex Police, 2017) of online grooming and exploitation, the March 2018, the 'I Didn't Know' Child Sexual Exploitation campaign focused specifically upon online Child Sexual Exploitation and youth-produced sexual imagery. Being coordinated by the Local Safeguarding Children's Board, it was primarily focused towards parents / carers and children and young people.

'#BeAVoice' for Victims of Trafficking and Modern Slavery Campaign, October 2018: The Thurrock Child Sexual Exploitation Manager is collaborating with Essex Police and equivalent partners in Southend and Essex to launch the 18th October '#BeAVoice' Campaign to coincide with Anti-Slavery Day. This aims to raise professional, parental, young people and public awareness of indicators of this harm, and reporting pathways.

### **3.8 Female Genital Mutilation**

The Barnardos National Female Genital Mutilation Centre, a Department for Education Children's Social Care Innovation Programme project is continuing to work with Thurrock Council to develop and deliver a system change in the social work response to female genital mutilation (FGM) and other harmful practices, including child abuse linked to faith or belief. The vision of the Centre is to end all new cases of Female Genital Mutilation in England by 2030 by working with local authorities together with health, police, education and community organisations.

Thurrock has a specialist Female Genital Mutilation social worker employed by Barnardos and placed in the Multi Agency Safeguarding Hub. She works with alongside Thurrock staff to provide a quality response to families affected by Female Genital Mutilation and to protect children from Female Genital Mutilation and other harmful practices. Since starting work in Thurrock in 2015 the specialist worker has been involved with more than 64 cases involving harmful practices. The Centre also provides accredited multi-agency training to support professionals to protect children from these illegal and hidden practices and delivers community health events.

### **3.9 Youth Offending Service**

Latest performance data from the Youth Justice Board evidences good performance with Thurrock Youth Offending Service's re-offending figure being 37%, compared with a national average of 42 % and our identified family\* being 39%. Although varying slightly over the preceding years this performance has been consistent over a significant period.

During 2017/18 only 2 young people were sentenced to custody which was one of the lowest rates per 1,000 amongst our Youth Offending Team family. (\*The new Youth Offending Team families are child focussed and enable YOTs to benchmark their performance with other Youth Offending Team's deemed to be similar to themselves in terms of the socio-demographic characteristics of their area.)

Thurrock Youth Offending Team remains central to the coordination of the Gang Related Violence work ensuring an effective multi agency approach to managing offenders involved in gang related crime.

Thurrock Youth Offending Team continues to work with victims by offering support and the opportunity for restorative justice to all of those affected by youth crime in the borough. Additionally, we continue to support the local community by supervising young people to complete reparation projects. We also work closely with the community by recruiting volunteers who live and work in the borough to meet with our young people and discuss ways in which they can repair the harm they have caused, this is facilitated through our Youth Offender Panels.

The Youth Offending Team Governance board has now signed off the Youth Justice Plan for 2018/21 which highlights its strategic priorities. The Youth Justice Board wrote to us complementing our clear strategic direction and innovative approach in addressing serious youth violence.

### **3.10 Brighter Futures**

The prevention agenda of Brighter Futures continues to develop across the partnership and has brought together a wide range of services to provide help to children and families in Thurrock as their needs emerge. Brighter Futures offers a range of preventative services to support families in Thurrock, allowing children and young people to achieve their full potential. It supports the education, health and wellbeing of children and young people in a coordinated way, preventing problems from developing and, when they do, intervening early to stop them from escalating.

The revised Brighter Futures Strategy and Governance brings together all of Thurrock Council's universal and targeted prevention services for children and young people and their families. The Core elements of Brighter Futures include:

- Brighter Futures Children's Centres: open to all families offering a range of education, health and play activities;
- Brighter Futures Healthy Families: includes, among other things, Health Visitors who give advice and guidance to all new parents in Thurrock, and School nurses work to keep children healthy in schools;
- Brighter Futures Prevention and Support Service: provides targeted help to families which have specific needs encompassing issues such as parenting support, domestic abuse, sexual violence and continues to focus on families where worklessness, poor school attendance, parental physical and mental health issues and Anti- Social Behaviour are featured.

Families all have an allocated Lead Professional who knows the family best and regular Team Around the Family Meetings are held to ensure that individual, time limited, task focussed plans make a real difference to the lives of families. Early feedback from families continues to be encouraging and we will continue to develop the service to meet the needs of families.

### **3.11 The Way Ahead**

I remain committed to ensuring that we deliver effective and high quality provision for our most vulnerable children and families and will work with officers to ensure that we continue to drive improvements in the service and manage the demand pressures. I would like to thank our foster carers and staff for their hard work and dedication they've shown over the past year.

I am under no illusions that we are facing a tough agenda, but we will continue to explore new ways of working and encourage innovation in the workforce to rise to the challenge.

#### **Financial Information**

The forecast for Children's Social Care as reported at the end of quarter 1 is an overspend of £0.401m which is a much improved position on last year. There is a significant level of risk in delivering this forecast with inherent risk in placement budgets, managing levels of agency staff and achieving proposed mitigation.

The forecast assumes that work within the aftercare service continues to have a positive impact with the ongoing review of placements when children reach 18. This is partly as result of the high level of young people who are unaccompanied asylum seekers and have no source of income. Systems are in place to ensure that a robust response is maintained so that future costs are contained. If this continues the position for the aftercare service is expected to improve further.

The Corporate Director continues to review high costs residential placements on a monthly basis and where safe to do so, placement costs

are reduced as the service focuses on achieving better value and more suitable placements for our young people. In addition, there is ongoing work on re-commissioning of placements provision, and changes to accommodation in aftercare.

<b>Sub – Service</b>	<b>YTD Actual</b>	<b>Last Year Outturn</b>	<b>Revised Budget</b>	<b>Forecast Outturn</b>	<b>Budget Variance</b>
	<b>£k</b>	<b>£k</b>	<b>£k</b>	<b>£k</b>	<b>£k</b>
<b>Children Looked After Service</b>	<b>1,372</b>	<b>4,658</b>	<b>4,670</b>	<b>4,526</b>	<b>(144)</b>
<b>Family Support</b>	<b>705</b>	<b>2,950</b>	<b>1,991</b>	<b>2,249</b>	<b>258</b>
<b>LSCB &amp; Quality Assurance</b>	<b>20</b>	<b>64</b>	<b>73</b>	<b>58</b>	<b>(15)</b>
<b>Placement Support</b>	<b>4,077</b>	<b>17,626</b>	<b>15,959</b>	<b>15,923</b>	<b>(36)</b>
<b>Safeguarding and Child Protection &amp; LADO</b>	<b>283</b>	<b>908</b>	<b>964</b>	<b>1,271</b>	<b>306</b>
<b>YOS and Adolescent Services</b>	<b>273</b>	<b>713</b>	<b>613</b>	<b>596</b>	<b>(17)</b>
<b>Brighter Futures - Prevention Service</b>	<b>374</b>	<b>2,705</b>	<b>2,481</b>	<b>2,421</b>	<b>(60)</b>
<b>Children and Families Assessment</b>	<b>580</b>	<b>2,105</b>	<b>2,150</b>	<b>2,259</b>	<b>109</b>
<b>Grand Total</b>	<b>7,683</b>	<b>31,729</b>	<b>28,902</b>	<b>29,303</b>	<b>401</b>