

<b>25 October 2017</b>	<b>ITEM: 12</b>
<b>Council</b>	
<b>Report of the Cabinet Member for Children's and Adult Social Care</b>	
<b>Report of:</b> Councillor Sue Little, Cabinet Member for Children's and Adult Social Care	
This report is public.	

### Adult Social Care:

#### 1. Introduction

I am honoured to deliver my second 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

##### 2.1 Context

Adult Social Care continues to operate in a challenging environment. I am pleased, however, that these pressures have been acknowledged by central Government and welcome extra funding that has been made available – both through the Improved Better Care Fund and also through the 3% precept agreed by Council earlier this year. This raised an extra £ 4.5m for Adult Social Care and allowed us to manage the growth in demand for care as well as helping to stabilise the care market e.g. we agreed to increase the rates we pay for domiciliary care and agreed a 4% uplift for residential and nursing care homes.

The issues that continue to face Adult Social Care in Thurrock are:

- An ageing population – with people living longer but with a greater number of years in poor health;
- Increased complexity of cases for both older adults and working age adults;
- A competitive provider market – particularly domiciliary care;
- A health and care system established to react rather than prevent; and
- Difficulty recruiting and retaining social care staff – particularly carers.

## 2.2 Rising to the challenge

I continue to see many positive examples of how we are responding and delivering. Having outlined what our key challenges are, I'd like to spend the remainder of this section of my report focusing on both our achievements and also the plans we have in place to ensure we can continue to deliver solutions that the people of Thurrock require.

I spoke last time about our Transformation Programme 'Living Well in Thurrock'. The purpose of the Programme was to ensure that we delivered the change needed to be able to manage demand and in doing so ensure that residents were able to achieve the outcomes most important to them.

As I've already outlined, a number of the issues we are facing are also faced by our health partners. For this reason, during the last year we agreed that we would have a transformation programme that spanned both health and social care. This is called 'For Thurrock in Thurrock' and incorporates all of the elements in 'Living Well in Thurrock'.

Our programme is organised around three elements:

- Stronger Communities;
- The Built Environment;
- Adult Social Care and Health Infrastructure.

### 2.2.1 Stronger Communities

I continue to believe that our communities play a significant role in providing solutions or contributing to solutions that enable us to respond to the challenges for adult social care that I've outlined. Our focus, in partnership with the Voluntary Sector, (through Stronger Together Thurrock) on providing capacity by utilising the strengths of communities and individuals reflects this view. Our aim isn't to replace services, but to find good alternatives and recognise that services are not always the right response. Utilising the strengths available within communities and individuals is also essential to us being able to prevent, reduce and delay the need for health and care services – ensuring that people can remain as independent and connected as possible within their own neighbourhoods.

I wrote last year about some of the things we were doing to develop and harness the strengths of communities. I'm pleased to report that a further year has brought with it further progress, the highlights of which I've detailed below:

**Local Area Coordination** – building on the success of this ground-breaking and nationally recognised initiative, we now have 14 Local Area Coordinators and a Team Manager. The Team continue to identify and work with people who are on the cusp of crisis point and have numerous positive examples of their work. This includes avoiding and reducing service reliance through a focus on delivering the answer to the question 'what does a good life look like to you? As a result of the work of the Team, numerous individuals have been helped to achieve a more fulfilled life – with many of them contributing to their neighbourhoods through volunteering opportunities or being better connected through attendance at neighbourhood clubs and groups.

**Micro Enterprises** – when I introduced my report last year, I spoke about new work to encourage the development of micro enterprises. We now have 18 micro

enterprises established, with another 48 in the pipeline. Aimed at helping people who need a bit of support to live the life they want to live, the micro enterprises enable choice and control and are again key to maintaining independence and a 'good life'.

**Shared Lives** – again, in last year's report I introduced a new service that we had just set up called Shared Lives. This enabled 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 often few and far between – with many being available 'out of borough' and at a very high cost. The Shared Lives scheme is part of our strategy to build capacity and flexibility 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. 6 families or individuals have expressed an interest in becoming Shared Lives Carers and are starting the process of assessment and approval. The target for the first year is 5 matches and we are very optimistic that this will be achieved. Developing Shared Lives successfully takes time but we have everything in place to maximise success. Targeted work is being carried out to identify further Shared Lives Carers.

### 2.2.2 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 to help us manage and influence issues that span planning, development and housing. The Group includes representatives from both health and social care. We have a number of projects in train that I want to update on:

**Chichester Close** - in November 2016 the Council, with the support of the Clinical Commissioning Group, was awarded approximately £500k from the Housing & Technology for People with Learning Disabilities Local Authority Capital Fund to develop 8 homes for young people with learning disabilities who may otherwise have to live in residential care outside the Borough. The grant is being used to completely refurbish, and equip with assistive technology, 2 low rise blocks at Chichester Close in Aveley. Works will be completed in October 2017. Residents for the scheme, who will be offered Direct Payments and or Individual Service Funds for their care and support, have been identified and are expected to move in in early November.

**Medina Road** - in 2015, in line with our autism strategy, the Council and Clinical Commissioning Group supported a bid by Family Mosaic (now part of Peabody) to the Care and Support Specialised Housing Fund, and £786,948 was awarded to develop 6 homes for young people with autism and/or severe learning disabilities in Medina Road, Grays. Following extensive research and consultation the design has now been finalised and an application for planning permission was submitted on 8 August, with a decision expected later this year. The scheme will be an exemplar in terms of the co-production approach to scheme design, management arrangements and integration with the wider community, drawing on the recommendations of the report "Living in the community Housing Design for Adults with Autism". The scheme is expected to take 12 months to build, with completion in late 2018 and residents moving in in early 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 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 and, as a result, more socially isolated and depressed. Plans were approved in July for the scheme which comprises 31 one-bedroom flats and 4 two-bedroom duplexes with communal facilities. All homes are dual aspect, 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 2019.

**21<sup>st</sup> Century Residential Care** – as part of our approach, we want to ensure that we provide care that is fit for the 21<sup>st</sup> Century. I wrote in my report last year about developing options to increase capacity. We are currently developing a feasibility case for this. Delivering a new facility will mean being able to increase our residential placement capacity and upgrading the facilities provided to our residents – e.g. all rooms being en suite – but also enabling us to provide greater intermediate care capacity. Many of our residents are ready to leave hospital are not ready to come home as they need an intermediate care option first. A new care facility would also provide increased intermediate care capacity. Cabinet will make a decision about the preferred approach in December.

### **2.2.3 Adult Social Care (and Health) Infrastructure**

I've already commented on the strong relationship between health and social care. For that reason, a number of the projects we're taking forward are integrated in approach and delivery. Of course this doesn't mean that everything we do is joint with health, but most of what we do will have implications for health partners and we discuss more and more of what we do as part of a health and care 'system' rather than in isolation. I've described both what we've achieved over the last year to further our integration plans and also our key achievements for adult social care delivery.

#### **Health and Social Care Integration**

**Thurrock First** – our 'single point of access' across adult social care, community health and mental health demonstrates very well the benefits of an integrated approach to health and social care. The service was launched at the beginning of July and has brought staff from all three providers to work together under the one service. The launch of the service demonstrates the strong partnership working we have in Thurrock and our ability to put aside organisational boundaries for the benefit of our residents. We'll be carrying out a review of the service to identify impact and to look at the possibility of further expansion.

**Better Care Fund Plan** – our Better Care Fund Plan outlines our plans with health to deliver an integrated community-based approach to health and care for people aged 65 and above. This is the third year that we have had a Better Care Fund Plan in place, and as I've said earlier in the report, it demonstrates the solid partnership working that we have in place in Thurrock across Health and Social Care. The Fund is now worth over £40m and consists of 60% Council funding and 40%

Clinical Commissioning Group funding. The Plan sets out how we will use the funding against four schemes:

- Prevention and Early Intervention;
- Out of Hospital Integration;
- Good Discharge;
- Disabled Facilities Grant.

Through having a Better Care Fund, we've been able to broaden the capacity of our integrated teams as well as introducing initiatives that focus on early intervention. We have continued to do this for the 2017-19 Plan.

A significant proportion of people aged 65 and above are in receipt of services from both adult social care and health. The Better Care Fund allows us to take a system-wide view of how we use our resources collectively to best effect – including how we can use the resource available to better manage demand.

**New Models of Care** – alongside health partners and in response to the Director of Public Health's report on delivering system sustainability for adult social care and health, we are developing plans that seek to radically redesign the current health and care system. This will incorporate and respond to a number of separate elements, some of which have already begun – e.g. Wellbeing Teams, Integrated Medical Centres; Multi-Disciplinary Teams. Starting in Tilbury and Chadwell, partners will work together to develop an integrated 'out of Hospital' community health and care model. This will include consideration of how to join up with Stronger Together, and focus on early intervention and prevention as well as providing treatment within the community. The Better Care Fund Plan for 2017-19 reflects the approach being developed.

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

### **2.3.1 Delayed Transfers of Care**

Much has been made nationally of Delayed Transfers of Care (or DTOCs as they are often referred as). DTOCs 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.

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

### **2.3.2 Provider Market**

I reported last year that we had taken back in-house over 1600 hours of domiciliary care as a result of two providers either failing or handing back contracts. This had led to a stretched in-house service. Since my last report, a third provider has handed back its domiciliary care hours. This has meant that the Council has again had to act as the 'provider of last resort'. Significant amounts of work have been carried out to stabilise what is a very fragile market.

### **2.3.3 Recruitment and Retention**

Difficulties recruiting and retaining carers in particular remain. In Thurrock,

there are numerous opportunities for flexible and part-time work in the retail and distribution industries. The opening of the new Amazon Distribution Centre for example is impacting upon the pool of people who might consider becoming a carer. We are developing initiatives to respond to the challenge and to professionalise the carer role, we are looking at more flexible contracts and return to work opportunities.

#### **2.3.4 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 provider. 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.

### **2.4 Future Adult Social Care Delivery**

**Wellbeing Teams** – part of our strategy to better manage service demand is to redesign what we do and how we do it. This includes domiciliary care which accounts for the greatest spend in adult social care and also greatest demand. We're looking to develop a new approach based on self-managed teams. The approach looks to work with the individual to find out what outcomes are most important to them and then designs an individual plan that may consist of formal and informal care options – including joining up with what available in the community and what family and friends might be able to do. The teams move away from a traditional domiciliary care system based on delivering a set amount of calls per day and uses resource flexibility on a day by day basis. Evidence shows that resource is used to better effect and individuals are better able to achieve what's important to them when their support is provided by community embedded flexible teams that self-manage. We are hoping to introduce the new approach by April next year and will expand the approach based on its success.

**Social Prescribing** – through the Better Care Fund and as part of Stronger Together Thurrock, we have been able to build on our approach to prevention and early intervention. This has included investment in Social Prescribing. Initially as a pilot, two social prescribers were recruited to work across 14 targeted GP practices. The purpose of Social Prescribing is to provide a service to Thurrock people who present to their GP with issues that have a non-clinical underlying cause. This might mean a social need or those with a chronic condition who regularly attend the GP surgery or are at risk of an unplanned admission.

The job of the navigators is to meet with people referred by their GP at their practice and to signpost them to appropriate services. This might mean providing information and advice, or it might mean signposting to services offering help with health, finance and social isolation. Navigators work closely with the Stronger Together team, Local Area Coordinators and with the voluntary sector.

The service enables people to get the right support and in doing so to also free up

primary care capacity.

Due to the success of the pilot, it has been agreed that the approach will be rolled out across the Borough.

**Domiciliary Care** – we are currently retendering for our domiciliary care providers. We've used the retender process to try to address some of the issues we have that contribute to market instability. This includes a greater focus on outcomes and splitting the tender in to smaller geographical areas which would mean more flexibility for carers – particularly for those who do not drive and want to work closer to where they live. Interviews have taken place and those successful will commence contracts in April. We have kept a number of hours in house to deliver our Wellbeing Teams.

**Safeguarding** – safeguarding vulnerable people is a priority for adult social care. The statutory Board led by Thurrock Council, the CCG and Essex Police is now well established and the safeguarding team provide skilled and person-centred interventions. In 2016-17 there were 711 concerns received and 181 of these went on to be investigated as defined under section 42 of the Care Act. We continue to see financial abuse and neglect being the two highest categories of abuse, and as a result of targeted work with banks, our partners in Trading Standards and our user-led organisation (Thurrock Coalition), we are responding and raising awareness across the Borough. We received positive feedback from the Office of Public Guardian who inspected our Appointee Team. The Team manages the finances of 138 vulnerable adults. The OPG concluded that the Team gave 'outstanding person-centred support'.

**Learning Disability, Autism, Complex Care** – in May 2017 the work we do with disabled young people transitioning in to adulthood was strengthened by the creation of a new 'Preparing for Adulthood' Team. This Team is introduced to young people at 14 years of age and will continue to work with them until they are 25. They ensure people are supported through the changes from children's to adult service and this is further strengthened by the new Preparing for Adulthood Panel that discusses the plans of all those young people aged 17 to ensure continuity of support.

**Transforming Care Partnership** – Thurrock has joined with Essex and Southend as a partner in this national programme, aiming to improve services and support for children, young people and adults with a learning disability and/or autism who display behaviour that challenges, including 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.

## 2.5 **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.

Chief Social Worker Lyn Romeo visited Thurrock earlier this summer and was impressed with what she found. As a result, she wants to feature Thurrock's strength-based approach to social work in her Chief Social Worker annual report for 2017-18.

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.

## 2.6 Financial Information

Service	Sub-Service	Last Year Outturn	Revised Budget	Forecast Outturn	Budget Variance
Commissioning	Appointee & Receivership	120k	110k	110k	0
	Assistive Technology	75k	80k	80k	0
	Blue Badges	47k	32k	32k	0
	Commissioning Team	533k	556k	555k	(1k)
	Demand Management	0	500k	265k	(235k)
	Health Watch	124k	124k	124k	0
	Management & Support	222k	(517k)	(569k)	(53k)
	Meals on Wheels	127k	139k	155k	16k
	Special Equipment	146k	79k	79k	0
	Supporting People	380k	333k	333k	0
	Thurrock Lifestyle Solutions	1,386m	170k	170k	0
Voluntary Sector Contracts	420k	384k	384k	0	
<b>Commissioning Total</b>		<b>3,578m</b>	<b>1,988m</b>	<b>1,717m</b>	<b>(272k)</b>
External Placements	Learning Disabilities	9,040m	10,479m	10,797m	318k
	Mental Health	2,802m	2,769m	2,853m	83k
	Older People	6,365m	5,360m	5,277m	(83k)
	Physical Disabilities	2,517m	3,136m	2,972m	(164k)
<b>External Placements Total</b>		<b>20,725m</b>	<b>21,744m</b>	<b>21,897m</b>	<b>153k</b>
Fieldwork Services	Community Mental Health	871k	820k	776k	(44k)
	Complex Care & Transitions	153k	244k	196k	(48k)
	Early Intervention	1,097m	1,267m	1,279m	12k
	Hospital & RRAS	641k	587k	627k	39k
	Local Area Co-ordinators	19k	0	9k	9k
	Older People Mental Health	201k	182k	186k	4k
	Safeguarding	369k	507k	516k	9k
<b>Fieldwork Services Total</b>		<b>3,351m</b>	<b>3,608m</b>	<b>3,589m</b>	<b>(19k)</b>
Provider Services	Business Administration	156k	256k	215k	(41k)
	Collins House Residential Home	758k	714k	766k	52k
	Customer Finance	359k	356k	357k	1k
	Day Care	901k	979k	980k	1k
	Extra Care	711k	587k	557k	(29k)
	Management & Support	339k	357k	361k	4k
	Thurrock Care & Home & Joint Reablement	1,896k	2,363m	2,448m	85k
	Thurrock First	279k	411k	348k	(63k)



<b>Provider</b>				
<b>Services Total</b>	<b>5,399m</b>	<b>6,022m</b>	<b>6,032m</b>	<b>10k</b>
<b>Grand Total</b>	<b>34,089m</b>	<b>34,196m</b>	<b>34,065m</b>	<b>(131k)</b>

**Children's Social Care:**

## 1. Children's Social Care

I have considerable experience and knowledge of children's social care services, have chaired the Corporate Parenting Committee and am a member of the Fostering Panel. I understand the strengths and vulnerabilities of the service well and I am passionate about ensuring that we deliver the best possible services to vulnerable children and their families. There is still much 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.

## 2. Context

The Children & Social Work Bill (2016) published in May 2016, a wide-ranging and significant change in legislation for the social work profession. Covering 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 in care and children on a child protection plan, but following the review by iMPower in 2016 the department has implemented a number of measures to contain the increase in demand pressures while ensuring our children are safe. As a result 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 315. 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 in readiness for the new inspection framework which is to be launched later this year. Councils where the service has been judged requires improvement will receive a two week inspection as opposed to the lighter touch one week inspection for those authorities judged good. This will be undertaken as part of a 3 year cycle of inspections of all local authority children's social care services between 2018 and 2021. In addition Ofsted will also hold an annual conversation with each authority and expect to see a comprehensive self-evaluation of the service detailing both strengths and areas for improvement. Local authorities can also expect to receive at least one short unannounced inspection. This new approach is designed to identify authorities which are at risk of failing and ensure that action is taken early to address areas for improvement.

### **3. Service Developments**

#### **3.1 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. A year ago 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 36 UASC in our care with numbers continuing to fall month by month.

### **4. The Social Care Workforce**

One of the key areas of concern from our 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 47 agency social workers and only 3 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 the spend on high cost agency social workers.

As well as having some success in our recruitment, social worker sickness rates in the service remain below the council average, indicating good levels of support and supervision for staff. 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.

#### **4.1 Fostering and Adoption**

The fostering service has been successful at recruiting additional foster carers and reducing the number of children and young people placed out of the borough. In 2016 72% of children in care were placed out of the borough and only 28% inside the borough. We have made good progress by reducing this to 61% placed out of the borough and 39% placed inside the borough. Through my role on the fostering and adoption panel I have acted as a champion for foster care recruitment and this has seen an increase in

the number of foster carers recruited. There were 10 new approvals between April 2016 and March 2017; between April 2017 to August 2017, 22 new applications were accepted. Of that number, 9 families have been approved and 12 applications are at different stages of the assessment process. This will support our aims of placing more children in Thurrock so that they can continue to access good quality schooling and remain close to their families and communities.

I remain determined that more children should be adopted from care than is currently the case in Thurrock. While I am pleased that we outperform the national and regional performance on timeliness, I am setting stringent expectations that there should be a greater number of children adopted from our care.

## **4.2 Child Sexual Exploitation**

Child sexual exploitation continues to be well understood and addressed across the service and partner agencies. An extensive training programme has been coordinated by the CSE Manager, bespoke CSE 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 1119 professionals, (excluding those present at conferences). Agencies and numbers trained so far comprise: CSC and Support Workers: 290; 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: 416.

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 108 referrals for 76 separate children between 01.07.16 and 01.07.17. Facilitating the challenge, oversight and development of plans to reduce the vulnerability of children, and identify opportunities to target and investigate potential perpetrators.

Multi Agency Sexual Exploitation Meeting (MASE) oversees the Risk Assessment Group, being 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 Child Sexual Exploitation, Missing Children and Trafficking Action Plan 2017/18.

The award-winning 'I Didn't Know' Child Sexual Exploitation Campaign, written by Thurrock Child Sexual Exploitation Manager, Southend Essex and Thurrock partners and Essex Police, was a public awareness campaign re-launched in 2017 for a week on 13th March in the lead up to National CSE Awareness Day, on Saturday 18th March. Recognising that the exploitation of children is not confined solely to sexual exploitation, but frequently linked to other implicitly threatening and explicitly violent contexts into which children are groomed, the campaign shone a spotlight on how grooming and sexual exploitation can manifest in the wider exploitation of children, such as trafficking, criminal exploitation by gangs and organised crime networks.

## **4.3 Female Genital Mutilation**

The Barnardo's National Centre of Excellence in relation to Female Genital Mutilation has received a further grant of £1.7m from wave 2 of the Government's Innovations Programme to extend its reach into high prevalence areas, and its remit to include other harmful practices and abuse linked to faith or belief. The National Centre will continue to work in Thurrock and the FGM specialist social worker will extend her remit to other harmful traditional practices. The Centre will also provide training for children's services staff, so that they can identify abuse and take action where required to safeguard children. Further work will also be undertaken with affected communities to tackle the beliefs which perpetuate these harmful practices. The Centre will also expand the range of information, tools and research included on its knowledge hub which will be available to social workers.

#### **4.4 Youth Offending Service**

Thurrock has one of the smallest Youth Offending Services (YOS) in the country, but provides good value for money and achieves a lower reoffending rate than the national, regional and family averages. Nationally, Youth Justice statistics indicate a continued and positive reduction in the number of young people entering the criminal justice system for the first time. In Thurrock we have had some of the biggest reductions in First Time Entrants (FTE) in the country achieving a 60% reduction in the first year of our triage court diversion scheme in partnership with Essex police and Crown Prosecution Service. These numbers have continued to fall year on year but more recently there are indicators that the trend has slowed and our predictions are that the slowdown will reverse.

There is also the recognition that those young people involved with YOSs are often among the most vulnerable children, with complex needs, many of whom are entrenched in offending, often presenting the greatest risk to the public and most challenging to work with. The priority of the service is to reduce overall levels of crime and anti-social behaviour in line with the local Community Safety Partnership targets. Additionally the YOS is developing strategies and interventions to countermand the growing presence of gang related crime in the greater Essex and Kent areas as both gang activity and gang members move further afield from their London bases. Despite the fall in workload I have ensured that the YOS continues to have the resources it needs to rise to the growing threat of gang culture and gang related violence.

#### **4.5 Brighter Futures**

I am pleased to report that Brighter Futures is a new creation bringing together a wide range of services and partners to provide help to children and families in Thurrock as 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.

Brighter Futures brings together all of Thurrock Council's universal and targeted prevention services for children and young people (ages 0 – 19). 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 the Troubled Families Programme which 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 is encouraging and we will continue to develop the service to meet the needs of families.

#### **4.6 Safeguarding Children Board**

I am a member of the Safeguarding Board and was pleased when following on from the Ofsted inspection in March 2016 the board received the grading of "Good". Subsequently, the Board set out its plans for the coming year to consolidate on the good work achieved and to focus on developing its structure to respond to future demands. In May 2016 the Board held a multi-agency conference -Hear no Evil, See no Evil, Speak No Evil which focused on child sexual exploitation and grooming which included a keynote speaker who was a victim the Rotherham sexual exploitation enquiry. Proactively the Business team on behalf of the Board attended two local family events - The Orsett Show and Grays Big lunch, showcasing the work of the Board and distributing safeguarding information to families. December 2016 saw a change in the LSCB independent Chair. We welcomed David Archibald to the role and thanked David Peplow the outgoing chair, for his contributions over the last four years. The Board published a Serious Case Review (SCR) SCR James in December 2016, which examined the events and circumstances surrounding the tragic death of a looked after young man. Two further reviews, SCR Harry a young man who sadly died whilst in a youth detention centre and SCR Alex a review into physical abuse of young children are also being undertaken and will be published in due course.

The Board ran a number of training events and learning forums throughout the year for professional and parents, developing skills and awareness of safeguarding children across the Borough. Our nationally recognised "Walk On Line "Road shows for the children of Thurrock received acknowledgment from Ofsted in its spring journal and the next phase of the programme took place during March 2017 with a further 2,100 year 5 pupils receiving information on internet safety and stranger danger . This innovative programme has now been rolled out to over 10,000 of our young people over the last four years and goes from strength to strength. Overall during this year in excess of 130,000 different publicity items have been distributed to parents, professionals and children covering the wider safeguarding agenda to support keeping our children and young people safe.

The Board prides itself on the effectiveness of its multi-agency partnership working which provides the platform to openly challenge its partners though its meeting forums and thematic covering locally identified concerns. The Board also actively engages in multi-agency audits identifying learning across the partnerships which is shared through the Boards learning improvement framework and the sharing of good practice. The Board continues to work jointly on Pan Essex processes with its colleagues from Southend and

Essex and have recently updated the Southend Essex and Thurrock Child protections procedures. It also plays an important role with its regional colleagues to influence the national agenda and support the future development of Safeguarding.

## 5 The Challenge 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.

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.

## 6 Financial Information

The forecast for Children's Social Care as reported at the end of quarter 1 is an overspend of £1.885m. This is primarily due to pressures within legal costs, children's placements and social work agency staffing, however, the service continues to work towards driving these pressures down and manage within budget provision.

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. 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.

At the beginning of the year there were 56 agency workers, however, the trend is expected to continue reducing over the course of the year. The service is working on a major recruitment drive which will enable this to happen.

Sub – Service	YTD Actual	16- 17 Outturn	17/18 Revised Budget	Forecast Outturn	Budget Variance
CATO Management & Emergency	238k	474k	682k	689k	7k
Children & Families	3,237m	6,419m	4,599m	5,201m	603k
Family Support	1,37 m	2,686m	2,110m	2,363m	253k
LSCB & Quality Assurance	54k	116k	82k	126k	44k
Placement Support	8,265m	15,634m	14,840m	15,627m	787k

Safeguarding and Child Protection & LADO	437k	992k	822k	911k	89k
YOS and Adolescent Services	517k	563k	632k	728k	96k
Brighter Futures - Prevention Service	1,018m	1,917m	2,413m	2,363k	(50k)
Children and Families Assessment	1,030m	2,352m	1,846m	1,901m	55k
<b>Grand Total</b>	<b>16,174m</b>	<b>31,154m</b>	<b>28,024m</b>	<b>30,620m</b>	<b>1,885m</b>