

8 July 2020

ITEM: 14

Council

Report of the Cabinet Member for Social Care

Report of: Councillor James Halden, Cabinet Member for Children and Adult Social Care

This report is Public

Executive Summary

While I am honoured to present my annual report to the chamber on the state of the adult social care and child social care departments, I give this report fully aware that I do so as we start to recover from a public health pandemic and enter an economic downturn following the covid-19 crisis. Serving this borough and every member in this chamber, I pledge that this department is doing everything to be battle ready for the post covid world. With this in mind, this is a different style of report – instead of just a litany of services, I have tried to present the position from crisis to beyond. If further detail is requested, myself and officers are always happy to attend any scrutiny meeting.

In the first section of this report you will read about some of the work we undertook to keep people safe during the covid crisis in terms of those in care and the wider society on the edge of care. In addition, you will see the focus we took on making sure people kept on accessing social care services, and how we led the way with partners to ensure the system could cope with increased referrals post lockdown. I briefly touch on the wider service and covid impacts.

In the second section you will read about how we started to form the new policies to be rolled out to take Thurrock boldly beyond the crisis. For example, we are making sure we take our ofsted rating for children from “good” to “outstanding” by improving transition services. We will target keeping the elderly socially mobile by improving the use of technology in social care. Finally, I outline the work we have done with partners across the wider health and care system to ensure we can work together to evolve services based on learnings from covid, while protecting our autonomy as a unitary council.

In the third section, I will discuss our ever-important duty to protect the vulnerable. To this end, I will detail the work we are undertaking to ensure our Learning Practice reviews (serious case reviews, in old money) are carried out in a swift and independent way. Also, how we are working to improve the system to support the unaccompanied asylum seeking children population. Finally, the vital work to protect the vulnerable care leavers and such in a covid-cased economic downturn from issues where they could be preyed upon or see reduced opportunities.

Finally, in the fourth section we will outline the financial situation we find ourselves in, and how we maintain the secure system we have built, during a looming economic downturn caused by covid-19. This will include how we improve access to Youth Offending Services and properly house it, and the emerging work to improve and secure the recruitment market for adult and child social care in this post covid world.

I am grateful to the wonderful care workers, from foster care to domiciliary care, who have toiled in the worse circumstances of late. Following this covid crisis, we hope to quickly restart our recognition events with carers quickly.

I also want to thank the brilliant team of officers who have kept the system going with cool resolve, while still looking to building a better future for social care, and to my wider cabinet colleagues. I single out my remarkable Corporate Directors, Roger Harris and Shelia Murphy, the incredible Public Health Director Ian Wake, and a team of talented Assistant Directors – Les Billingham, Joe Tynan, and Michele Lucas. In addition, outstanding partners such as Mark Tebbs in the CCG, and Tania Sitch, Partnership Director for Health and Social Care. It maybe me presenting this report, but these people have been in the engine room, doing the most incredible work to save and improve lives in this borough.

Section 1 – Keeping social care safe during the crisis

Focusing on edge of care.

- 1.1 Lockdown presented many logistical challenges to us all. However, we ensured that there was constant contact with all partners to not just protect those within care, but to also maintain constant vigilance for those on the edge of care. While we had to focus on priority “category A” (the most at risk) people, we were determined not to lose a focus on others at risk.

In addition to daily operational meetings and meetings with the senior social care teams, there were over 50 direct portfolio holder meetings to push this edge of care agenda and support partners. This included, but was not limited to:

- Local Area Coordinators
- Thurrock First Adult Social Care Referrals
- MASH (children services multiple agency safeguarding hub)
- Thurrock Looked after Children
- Thurrock Foster Carers
- Basildon Hospital
- Essex Partnership University Foundation Trust (EPUT) – our local mental health provider
- North East London Foundation Trust (NELFT) – our local community health provider

- Thurrock CCG
- Thurrock Schools forum
- Thurrock virtual school for looked after children
- Child Safeguarding Partnership
- Adult Safeguarding Board
- Essex Police and the Police and Crime Commissioner
- CVS
- Essex County Council
- Southend Borough Council
- Thurrock Community Safety Partnership
- Inspire Careers Service
- Essex Resilience Forum
- Mid and South Essex ICS
- Thurrock Life Style Solutions

Testing in care homes

- 1.2 Only as of early May, responsibility for testing of symptomatic and asymptomatic care staff was devolved to Directors of Public Health, albeit with access to tests still being provided through a dedicated centrally determined national care staff portal.

The majority of testing and “track & trace” will be covered by the Cabinet Member for Health, who has public health responsibilities. Below we have accounted for our actions in care homes etc. However, this is very fast moving and it is possible the position will be updated many times following the publication of this report.

- 1.3 To support care homes, we put in place a COVID-19 Care Home Hub Protocol which sets out testing arrangements for both asymptomatic and symptomatic staff and residents and includes both weekly screening and proactive initial and repeat testing of all staff and residents in outbreak situations.

This is now implemented and is working well. The PH team are managing the process and clinical health protection actions to manage outbreaks locally in care homes as this has also been devolved to us by PHE.

- 1.4 In terms of testing locations, under our local protocol, asymptomatic care staff and both symptomatic and asymptomatic residents in care homes are tested at the care home. This is done through a combination of Commisceo attending the care home to undertake initial swabbing in outbreak situations,

and a courier service to and from the care home of test kits for repeat swabbing of staff and residents in outbreak situations, and proactive screening of staff and residents.

1.5 We would not wish symptomatic staff to attend a care home to receive a test as this risks spreading further infection and causing additional outbreaks. Symptomatic staff can currently access tests through a variety of locations and we manage this through the Thurrock Council Testing Hub for local NHS provision, or directly through the national website. These include:

- Postal test kits delivered to the staff member's home
- Drive through locations at Stanstead Airport, and as of next week a mobile testing centre in the car park at Blackshots Leisure Centre provided by the MoD three times a week.
- MSE Hospital drive through provision (nearest location Basildon Hospital).

1.6 At present all of these locations are running significantly below full capacity, which we would expect as an R value below 1 will result in falling numbers of new infections in the community on the transmission life cycle of the virus (currently around five days). In London as of last week, new confirmed daily infections were being reported as only 24 per day.

PH estimates that even accounting for some infections not being picked up, the absolute number of new daily infections in London will be no higher than 300. As we know from the modelling work that the PH team has led, that our local epidemic curve is only a few weeks behind London's, we would expect similar low absolute transmission numbers in Thurrock very soon as long as R remains below 1.

1.6.1 We are due to set up an "Outbreak Control Oversight Board" which will be formed within the Health and Wellbeing Board and will be cross party.

Access to social care, care beds and PPE

1.7 Given that PPE is likely to be a new way of life for sometime now, we are making sure that our COVID-19 Care Home Hub Protocol keeps us in close contact with Thurrock Council controlled and private homes to maintain adequate supplies. Adequate supplies were maintained through lockdown.

1.8 We did have to prioritise our efforts and so some services were stopped e.g. our three day centres were closed, or scaled back e.g. most reviews were undertaken via phone. But at all times we ensured that we maintained contact with people to check they were kept safe. I will be working with officers to agree when it is safe to fully re-start these services again. We will be very cautious indeed.

1.9 In addition to the above work, we massively increased the amount of step down and step up beds (to help people either return to their home from hospital, or move to a more suitable location if they possibly had covid).

Approximately 35 dedicated COVID beds were created through the opening of a recently closed residential care home - Oak House, a dedicated unit at Piggs Corner and the creation of the isolation unit at Collins House.

- 1.10 In terms of a possible “second peak” and to ensure we were ready for any event and that we did not become complacent, we also resolved to keep the extra beds in place even when our surplus capacity was clearly more than sufficient. The work with our access to care points (MASH and Thurrock First) and the local testing protocol remains under constant review in case we need to “ramp up”. Finally, the work to ease restrictions on care home visiting and restarting certain work which involves visitation will be the very last thing we would wish to restart.
- 1.11 Our work with our acute hospital saw us, with one or two exceptions, keep within all hospital discharge timeframes – ie within 3 hours.
- 1.12 During the crisis, it became a key focus to ensure that people kept on accessing social care and associated services like mental health, domestic abuse and so on. We assisted CVS in establishing a “one stop shop” triage service for covid. In addition, we worked closely with the MASH and Thurrock First to make sure that we were able to support those seeking child and adult services, and were battle ready to take on any spike in cases as lockdown was eased. The corporate communications team was heavily used to ensure in excess of 1,000,000 emails were sent out to communicate key contact details for services.
- 1.13 Throughout the lockdown, we worked closely with partners to ensure the vulnerable were protected and services able to reach out during lockdown, and braced for a spike of stored-up issues following lockdown. The work done on the Police and Crime Commissioners “Violence and Vulnerability Group” will be detailed in section 3.

Core functions during the crisis

Allow me to give you a few general facts and figures regarding day to day activity of the departments;

Adoption:

- 1.14 Adoption recruitment continues to grow and is on target. At the end of 2019-20, 15 children were adopted compared to 13 in 2018-19 representing an increase of 15.4%. This reflects the significantly increased activity of our new adoption service, which is driving adoption for those children that require it.
In April 2020:

- 8 enquires were received from prospective adopters which has led to 7 households progressing to training
- We currently have 6 households approved for adoption
- 2 households linked to children
- 16 Households in the assessment process

- All children adopted have received a life story book and this is now being extended to children who are subject to SGO's and across Children Looked After.

The number of days for a child from "entering care" to "being placed with adopters" has reduced on a three year average to 383 days which is below the national average of 486 days. The number of days from "Court Authority" to "place to matching with adopters" has reduced from an average of 184 days which is below the national average of 201 days. This improved performance has been achieved by robust tracking processes.

Thurrock joined the Adopt East Alliance in 2018. The Alliance is made up of 8 Local Authorities across the Eastern Region and two voluntary agencies, Barnardo's and Adoption Plus working in partnership with Adoption UK. The planned Go Live for Adopt East is in Autumn 2020 to coincide with Adoption Week. This is a busy and exciting time for Thurrock and Adopt East. Much has been achieved in terms of shared practice, particularly in placing children with the region's adopters, and the development of an enhanced and extended offer of services for families where children are adopted or living with Special Guardians, utilising money made available during Covid-19.

Fostering

- 1.15 At the end of March 2020 we had assessed 20 fostering household with positive outcomes. We are currently assessing 10 Fostering Households and have reviewed and introduced new rates for our foster carers.

During Fostering Fortnight our campaign, which was driven by social media, was effective in creating enquiries and lots of hits on the council website where our new rates are now displayed. We have also had a reach of over 23,000 through Spotify and Facebook and an increase in applications from prospective households. We are continuing to deliver preparation training for Foster Carers and Adopters virtually and remotely via Microsoft Teams and the feedback from those attending has been excellent. This is being offered both in and outside core work hours to increase attendance and provide flexible.

Our Fostering and Adoption Panel has moved to virtual meetings in line with Covid-19 guidelines and we have received excellent feedback and continue to meet our regulatory guidance. Foster Carers have continued to support children in their usual helpful and flexible manner to meet children's needs. It is impressive that our Fostering and Adoption Teams have stepped up to the challenge, working really hard to approve adopters and fostering carers, place vulnerable children and to support families. There has been some creative practice and a commitment to continue as much as possible with business as usual.

1.16 Troubled Families and YOS

	Thurrock	South East	Essex	Family	England
Quarterly (latest data)	34.8%	37.0%	39.1%	31.7%	38.1%
Aggregated yearly	28.9%	37.2%	34.2%	35.5%	39.2%

The latest data from the Youth Justice Board is tracked quarterly, with a significant time lag. As Thurrock is a small YOS and consequently has a small quarterly cohort the quarterly data can fluctuate. The more meaningful figure is the yearly aggregated data which indicates that performance is better than all comparators.

1.17 Re-offending – Local data

Thurrock YOS reports on local data and this is the performance that is recorded on the corporate score card. This data is dynamic and is a good predictor of future MOJ published data. It identifies and tracks a cohort of children for a period of 12 months. There is a 3 month drag on this data to allow for the criminal justice process. As of the end of the financial year 19/20 (which equates to quarter 3) the re-offending figure stands at 11%.

1.18 Troubled Families Programme

At the end of March 2020, Thurrock achieved their target of 1220 Payment by Results claims. This achievement meant that we are one of the highest performers in the Eastern Region. The target for 20/21 is set by the MHCLG to achieve 281 claims by the end of the financial year. 80 claims will be made by the end of June, so we are well placed to achieve the target by the end of the year, if not earlier.

Number of children being supported under a CIN, CP and CLA

There are 166 children subject to a Child Protection Plan

There are 612 children subject to a Child in Need Plan

There are 295 Looked After Children.

Dom Care

1.19 The domiciliary care market has been under significant pressure for a number of years. A rapid growth in demand and growing competition for staff, most notably from the retail sector, have been the main causes of this pressure.

A number of factors have added to these pressures to make the market extremely fragile. For example the introduction of the National Minimum wage has squeezed the profit margins of providers. This has led to contracts being

handed back and providers withdrawing from the market altogether or shifting their business model to focus on private placements.

Thurrock has felt the consequences of the market's increasing fragility. Three years ago, two of the three major contracts we held with external providers were terminated by the organisations in question. This meant that the Council, as provider of last resort, took the work in-house and became a provider of domiciliary care, having completely outsourced these service some time before.

- 1.20 Local demand has been increasing significantly. From April 2019 until March 2020 there were approximately 8,528 hours of homecare per week delivered in Thurrock. This total represents an increase of some 2,000 per week over the recent past.

Competition for jobs locally is also problematic given the large retail centre at Lakeside and the recent increase in job opportunities, such as the opening of the Amazon warehouse in Tilbury. Whilst economic growth is extremely positive, Thurrock typically enjoys low unemployment and a high percentage of low skilled positions. The juxtaposition of this position contributes to high turnover in the care sector.

We have however been successful in stabilising the local market since 2015, mostly via the following two factors:

- We have increased the unit cost paid to external providers through a yearly uplift, this has made us more competitive with other local authorities across the region, and this has also helped with recruitment and retention.
- Our contract management team has established strong partnership relationships with all local providers, enabling us to take a joint, solution focused approach to issues.

- 1.21 Alongside this we have introduced a radical new approach to delivering support to people in their own homes through the introduction of two Wellbeing teams in Tilbury and Chadwell, as part of our transformation programme across health and social care. These teams are small, delivering locality based services across a much smaller patch than is typically found in traditional domiciliary care teams. The pilot has not yet finished, however early signs are promising. Should the Wellbeing model be successful it could transform the way support at home is provided.

Because the domiciliary care market in Thurrock has been developed using the approaches outlined above, we have been able collectively, to successfully meet the challenge posed by the recent Covid 19 pandemic. The pandemic has inevitably caused an increase in deaths locally, and every death is regrettable and a tragedy for anyone close to the person. However, given the enormity of the challenge, it is clear that through indicators such as hospital discharge data and responsiveness of services to meet demand, the

local domiciliary care market has coped extremely well. This is a credit to the local providers whom we contract with, our own in-house teams and to all of the staff within Adult Social Care who provide support and management oversight to the system.

Section 2 – Making social care even better after the crisis

Care transformation in Mid and South Essex

2.1 As we know, Thurrock is a part of the NHS STP (Sustainability and Transformation Partnership), now referred to as the Integrated Care System (ICS) for Mid and South Essex. This is my responsibility as the Chair of the Health and Wellbeing Board. This is a key vehicle for change across our care system. We welcome system wide cooperation, however have always been weary regarding a loss of autonomy locally, certainly in areas where Thurrock is already leading the way.

2.2 COVID has led to a set of conversations regarding how care could evolve based on our learnings and innovations forced during the crisis. Below is an outline of the position which we have taken with the ICS as we have started this “re-set” work.

Our great focus is to protect what is called “place”. By “place” we mean Thurrock as an autonomous unitary, able to focus on the people that live here.

A - For health and social care post covid, we must stick to the current STP footprint for planning matters and for “recovery”, and not double up on this work by trying to run these matters through the Essex Resilience Forum or on a pan Essex setting. A constant re-tinkering of structures is not helpful (even though we fully engage in joint committees to learn together). It seems our position is supported.

B - We need to get the governance for the partnership sorted once and for all – it’s been an on running issue to protect “place” services and the HW Board / local government voice which is absorbing head-space from other areas. Signing off the MOU from the meetings between our Independent Chair and partners should be done now by the 5 CCG chairs, 3 HWB Chairs, our STP Accountable Officer and Independent Chairman, and the Executive Lead for the Acute Hospital Trust. It is vital that we all own and sign the plan so we can all share the duty to maintain it. Of course, the MOU must articulate the balance between place and system to avoid mission creep.

We are making very firm progress here and a final MOU sign off is imminent. We have won the key argument that the MOU contains clear references to protecting our autonomy in that “place is the primary planning area” for service changes.

C - While we should restart other health work like cancer pathways and to tackle the backlog, we cannot start to reshape care services in the post covid world as we have yet to quantify our learnings i.e. community care. This should be deferred to July when all partners can submit detailed thoughts and

data where we can review quantifiable actions. This is vital to make sure we get the community / mental health response correct. Thurrock is happy to host a summit and this is being arranged.

D - The “place” matters must have a SRO (senior responsible officer) from the three social care councils i.e. the leadership cannot just be from the NHS. The three councils must be represented at this level, in parity with the CCG leads – so 8 SRO’s, not just 5. We have secured what we need here.

E - From here, we can consider joint staff between council’s and CCG’s (the local MD post certainly), however we must resist an urge to push more to the “system level” at a time where we need to push more towards the “place”. We should set the principal that we look at areas where pooled resources make sense, but starting now at the place level only. If we do anything else, the risk is that the social care demand on local government could well buckle us. This is broadly supported, but remains a key area of risk.

F - We need reassurance that this work will not impact on the announced plans for Orsett Hospital, IMC’s, or new care home / residential care plans for Thurrock. I am pleased to say that we have received this.

Thurrock’s Health and Wellbeing Strategy

2.3 As referenced at 2.8, we will seek to host a summit to review the ways in which we can reset our ICS based on learnings from this crisis. Within Thurrock, we will also use the July Health and Wellbeing Board to start to refresh the Health and Wellbeing Strategy in the Post covid world.

2.4 We will start with a deep drive evaluation of the mental health system and refresh of our Mental Health Transformation Programme in July, as well as the headline principals of what we have learnt from covid.

As it did last time, this will include each department of the council and all partners – in many ways, this will be one of the most significant pieces of work we undertake for the immediate future.

Taking children services to “outstanding”

2.5 Turning to future work streams for children services, we are focusing on the work to take us from “good to outstanding”. Key to this is improving our transition work from childhood to adulthood. This work, due to come to scrutiny this year, is focused on the following;

A - Getting the balance right between those in social care and the general core offer. We need to clarify the general approach, with specific content regarding those in care i.e. a core offer, and top ups. The focus must be quality outcomes in terms of life chances, and not just a referral process within the care system.

B - We need to address the Children Services Ofsted inspection commentary that we need to do better to ease the transition for young people, and get all services working together. In our minds, this should work like the Head Start Housing policy – it’s a jointly owned policy between education and housing

where the home is simply an asset, but the wider point is the pastoral care from skills, housing and social care to ensure the care leaver has a robust CV, long term housing plan and so on.

C - We must consider the “vulnerability factor”. The Annual Public Health Report does a lot to bridge the world of the YOS and wider services. How can we ensure that from drug and alcohol issues, to crime and mental health problems, that we are protecting young people as they grow and leave adolescence?

Timeliness in SEND and Child Social Care

- 2.6 Working with colleagues in the education department, we will take the pledges to Health and Wellbeing Board this year to improve the quality and timelessness of plans to support children with special education needs and disabilities.
- 2.7 In line with the above, we will convene partners like the Fostering Panel, Adoption Panel, Child In Care Council and such, to consider the timelessness of our internal functions to support children and families and what “stretch” targets should be in place.

For example, we boast some excellent figures during this crisis such as 90.5% of Looked After Children visits being completed within timescale. However, there are some figures, such as only 58% of Pathway Plans completed in April were completed in timescale which need to be improved. We need to ask the questions regarding A) What is the delay, B) What can we do to get back on target, C) What should our stretch target be in the post covid world?

With both of the above examples, the question we must always ask must always be with regard to how we our positively affecting life chances for young people, and not just processing through the system. I look forward to pushing this agenda forward as I chair our development board.

Digitalisation of the adult offer

- 2.8 Turning to future work streams for adult services, we are focusing on the work to keep our older population socially mobile. Key to this is improving use of technology in care. This work, also due to come to scrutiny this year, is focused on the following:
- While we are proud we made systems like careline free, assistive technology needs to move beyond just keeping people well. We need to focus on keeping people “active and healthy”.
 - We need to work with older people to understand the skills and accessibility that people need and want, and what infrastructure and wider support do we need to get there.
 - To kick off this work, and in-line with the success we had with the mental health summit in 2018, we would like to convene a roundtable in

September, with everyone from those in the care market like TLS, to those in the tec sector like Amazon.

Section 3 – Always focusing on better support for the vulnerable

Protecting the economically vulnerable

- 3.1 As we enter, as much of the world does, an economic downturn due to covid-19, it is vital we put the vulnerable and those in care front and center. Their lives are not just about social care; they are an important and active part of the economy.

However, we must also recognise that a possible loss of apprenticeships and employment will hit certain groups hard and possibly make them more open to being preyed upon. We have two key work streams on this issue;

A - We are working with the Police and Crime Commissioners “Violence and Vulnerability Group” to look at issues where economic hardship could leave certain groups, such as the learning disabled, more vulnerable to those who would seek to exploit them. Issues include nominal gang activity such as “cuckooing”.

With our partners on our Adult Safeguarding Board, we are reviewing our current policies in this regard to ensure they are fit to deal with the level of economic downturn we are expecting. We will feed this work into our wider SET (Southend, Essex, and Thurrock) partnership.

B – We are working with SET colleagues on the issue of employment for care leavers and the vulnerable. The profile of many of our “vulnerable cohort” fall into areas where a loss of apprenticeships could disproportionately hit them. Work is being done between Children Services and our Inspire Careers Hub, consulting with colleagues in Adult Services and groups such as Thurrock Lifestyle Solutions, to outline a core offer to those who fall into these groups.

Both of these themes will also be addressed as we seek wider engagement with different communities as we host a faith summit in October.

As of June 25th, we have now formed an economic vulnerability taskforce in Thurrock between the child safeguarding board, adult safeguarding board, supported by TLS and Inspire, to make sure care leavers and vulnerable young adults are supported in a recession and protected from those who would seek to exploit them.

Serious case reviews now called Learning Practice Reviews

- 3.2 As members will know, our Children Services and Adult Services teams have been rated “good” by Ofsted and CQC on a range of issues on a frequent basis. However, I know all members will share our view that we cannot just sit back and relax. We need to constantly be challenging ourselves to improve and make a system which is more inclusive, efficient, and safe.
- 3.2.1 Number of children subject to a CP plan has risen in the last 3 months and at the end of April was 179, which is 41 per 10,000 children, this nevertheless is

lower than SN (50 per 10,000 for 18-19). We have completed an analysis and put measures in place to ensure that the right cases are coming to ICPC and reviewed the following children.

- 3.3 The most serious thing that can happen is a death of a vulnerable person. It's devastating for loved ones, for support workers, and for partners. This starts a formal and statutory process to investigate any relevant agency in an independent manner by the appropriate Safety Partnership in a Learning Practice Review (LPR). Currently, Thurrock has no such investigation in Adult Services, and the Children Overview and Scrutiny Committee has been sighted on the two active LPR's.
- 3.4 Our partnerships are robust, however, I have the following commentary. I feel we need to review why one SCR has taken 18 months plus and not the 6 months which is the recommended timeframe. We should review if the partnerships are well enough supported and have the correct level of independent challenge.

To this end, we have prepared terms of reference for a peer review into our safeguarding partnership arrangements. Ideally, we would like us to make our LPR's more timely and ensure the partnership is in line with the very best practice. In addition, we need to consider how we can make sure we have the capacity to investigate not just the issues that make it to the LPR stage, but some of the "near misses" to see how we can learn and constantly improve.

This is a vital area of corporate parenting and corporate responsibility from all elected member's to our whole society. Therefore, I would like to invite the Opposition Chairman of the two Overview and Scrutiny Committees to meet with me to review outcomes of this work and make any suggestions.

Having served in the Shadow Cabinet as Lead Member for Education and Health, and having served as Chairman of these committees, I know how important the role of the official opposition is in such matters. I would very much welcome opposition challenge, thoughts, and input; children's safeguarding is everybody's business.

We have recruited a massively experienced former director to independently lead our review.

UASC

- 3.5 Finally, we want to work to better consider how we support Unaccompanied Asylum Seeking Children. As it currently stands, Thurrock has seen multiple incursions in recent years of human trafficking events. We have a duty to take all those who we cannot evidence are over 18 into our care when they present within the Borough.

While only a small proportion abscond from care, it is vital we keep working with partners like the boarder force and police to act faster as Thurrock becomes a busier port borough. Making sure we can support these children

within the system is the best way to protect their lives and do our part to help deter those who would seek to traffic people for more unsavory purposes.

Section 4 – Going into the crisis with a strong financial system, and maintaining it during difficult times

The downturn backdrop

- 4.1 The Bank of England has warned that the UK economy is heading towards its sharpest recession on record. The coronavirus impact would see the economy shrink 14% this year, based on the lockdown being relaxed in June. Fortunately, we do not enter this with a national deficit as high for normal day-to-day spending as we did in the 2008 crisis.

This, also coupled with a loss of council revenue from areas such as fees and charges means that we will face difficult financial times ahead. The need for financial resilience, to keep key services sustainable, has never been more vital.

The Thurrock position

- 4.2 We enter this economic downturn in a robust position. This is vital to how we approach social care going forwards. Social care, certainly placements for looked after children and adults are some of the most reactive and demand led services that local government oversees, and therefore it is vital that we put financial resilience at the center of all we do.
- 4.3 Thanks to Thurrock Council unanimously passing it's current investment strategy, which continues to pay out despite covid, we were able to massively increase reserves and certain discretionary spending. Prior to covid, this investment income helped pay for a number of new services in mental health and so on. Our officers have publically confirmed that these investments continue to provide significant income to the authority, in spite of the covid-19 economic backdrop, there is no indication of a downturn in pay out at this time with all demonstrating continued strong performance.
- 4.4 However, we will likely see a sharp fall in revenue due to a loss of fees, charges and some tax revenue, like many other councils. Therefore will need to build a smarter and leaner council as we cut our cloth accordingly. However, we are in a position where much of our revenue is secure, where reserves are higher than ever, and where we have a backdrop of a balanced budget. This means that, even as the rest of the council must become leaner and smarter, social care is not in the same threatened position that some councils find themselves in.

We now must begin a review of closing the spending power gap between us and Essex County Council to ensure our section of the market remains stable.

On resilience, people need to know that social care can be relied upon during this health crisis and during an economic downturn. It can. Our reserves, "the rainy day fund" is up to £11m (40% higher than four years ago), with a £6m

resilience fund on top. In addition to this, I can announce we have now put in place an additional £1.5m in a reserve for social care for truly exceptional circumstances.

Going forward, we must rebuild any reserves spent, and in fact increase them to match any emerging pressures. This is not reserves for the sake of it, it's about making sure the money will always be there for people, certainly the vulnerable.

4.5 Cabinet wrote to the section 151 officer during the first phase of lockdown to outline the financial framework we will operate under. The areas that relate to social care include;

- Supporting the public health grant from the general fund, if needed, to maintain their excellent work.
- Restoring the people services commitments from surplus spending in the life of this MTFS if they need to be diverted to tackle emerging pressures.
- Reviewing care sector resilience to increase reserves above the current level to ensure social care remains stable. This is vital considering how the care market could struggle following people making new care decisions out of the fear of covid i.e. care homes.
- Committing that we will keep investing to support the care market in this period of flux i.e. considering what else we can do for support and pay structures for foster care and domiciliary care.
- Making the capital plan more affordable and accountable to members, while protecting the spend to save projects like headstart housing for care leavers.