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SOUTHEND-ON-SEA BOROUGH COUNCIL

People Scrutiny Committee

Date: Wednesday, 2nd September, 2020

Time: 6.30 pm

Place: Virtual Meeting via Microsoft Teams

Contact: S. Tautz (Principal Democratic Services Officer)

Email: committeesection@southend.gov.uk

AGENDA

- 1 Apologies for Absence
- 2 Declarations of Interest
- 3 Questions from Members of the Public
- 4 Minutes of the Special Meeting held on 16 June 2020 (Pages 1 - 4)
- 5 Minutes of the Meeting held on 7 July 2020 (Pages 5 - 8)

**** **ITEMS CALLED IN/REFERRED DIRECT FROM CABINET - 28 JULY 2020**

- 6 **Care Act Easement** (Pages 9 - 24)
Minute 210 (Agenda Item No. 12 refers)
Called-in by Councillors Cox and Davidson
- 7 **Annual Safeguarding Report (Adults & Children)** (Pages 25 - 48)
Minute No. 214 (Agenda Item No. 16 refers)
Called-in by Councillors Cox and Davidson

**** **OTHER SCRUTINY MATTERS**

- 8 **COVID-19 - Local Update**
Director of Public Health to report.
- 9 **In-Depth Scrutiny Project 2019/20-2020/21 - Progress**
To receive an update on the progress of the in-depth scrutiny project for 2019/20.

TO: The Chairman & Members of the People Scrutiny Committee:

Councillor L Salter (Chair), Councillor N Folkard (Vice-Chair)
Councillors M Borton, H Boyd, A Chalk, A Dear, M Dent, F Evans, D Garne,
B Hooper, M Kelly, K Mitchell, C Nevin, I Shead, M Stafford, A Thompson

Co-opted members

Church of England Diocese

Fr Jonathan Collis (Voting on Education matters only)

Roman Catholic Diocese

VACANT (Voting on Education matters only)

Parent Governors

(i) VACANT (Voting on Education matters only)

(ii) VACANT (Voting on Education matters only)

Southend Association of Voluntary Services

K Jackson (Non-Voting)

Healthwatch Southend

O Richards (Non-Voting)

Southend Carers Forum

T Watts (Non-Voting)

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SOUTHEND-ON-SEA BOROUGH COUNCIL

Meeting of People Scrutiny Committee

Date: Tuesday, 16th June, 2020

Place: Virtual meeting via Microsoft Teams

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Present: Councillor L Salter (Chair)
Councillors N Folkard (Vice-Chair), M Borton, H Boyd, A Chalk, T Cox*,
A Dear, M Dent, F Evans, B Hooper, M Kelly, K Mitchell, C Nevin, I Shead,
A Thompson and C Willis
K Jackson (Southend Association of Voluntary Services), O Richards
(Healthwatch Southend) (Co-opted members)

*Substitute in accordance with Council Procedure Rule 31.

In Attendance: Councillors I Gilbert, T Harp, A Jones, M Terry (Cabinet Members),
J Chesterton, T Forster, J Williams, S Baker, P Bates, A Champ, B Leigh,
J O'Loughlin, T MacGregor, M Marks, B Martin, S Meah-Sims,
K Ramkhelawon, T Row, S Tautz and C Woodcraft
M Faulkner-Hatt, E Vlas (Southend Youth Council) (Observers)

Start/End Time: 6.00pm - 8.35pm

59 Apologies for Absence

Apologies for absence were received from Cllr D Garne (Substitute: Cllr T Cox), Cllr M Stafford (no substitute), Revd. Canon J Collis (Co-opted member) and T Watts (Southend Carers Forum) (Co-opted member).

60 Declarations of Interest

The following councillors declared interests as indicated:

- (a) Councillors I Gilbert, T Harp, A Jones and M Terry (Cabinet Members) - Interest in the referred items; attended pursuant to the dispensation agreed at Council on 19 July 2012, under S.33 of the Localism Act 2011;
- (b) Cllr L Salter - Minute 62 (Council's Response to COVID-19) - Non-pecuniary interest: husband is consultant surgeon at Southend Hospital; daughter is a consultant at Basildon Hospital; son-in-law is GP in the borough;
- (c) Cllr C Nevin - Minute 62 (Council's Response to COVID-19) - Non-pecuniary interest: NHS employee at external Trust; previous association at Southend and MEHT hospitals; sons work at MEHT; niece works at Basildon Hospital;
- (d) Cllr A Jones - Minute 64 (Urgent Item of Business - SO46 report) - Council's representative on governing body of Southend Adult Community College - Non-pecuniary interest;
- (e) Cllr I Gilbert - Minute 62 (Council's Response to COVID-19) - Council representative on the Board of Southend Association of Voluntary Services (SAVS) - Non-pecuniary interest;

- (f) Cllr T Harp - Minute 62 (Council's Response to COVID-19) Southend Association of Voluntary Services (SAVS) mentioned in report, volunteer with SAVS and wife is an employee of SAVS - Non-pecuniary interest;
- (g) Cllr B Hooper - Minute 62 (Council's Response to COVID-19) - Director of Blade Education (a not-for-profit company) and parent of child attending secondary school in Borough - Non-pecuniary interest;
- (h) Cllr M Borton - Minute 62 (Council's Response to COVID-19) - Governor at Milton Hall School and daughter is a ward manager Basildon Mental Health Unit - Non-pecuniary interest;
- (i) Cllr N Folkard - Minute 62 (Council's Response to COVID-19) - Ambassador for Fund Raising Team at Southend Hospital; relative works at Broomfield Hospital; on the Reading Panel at Southend Hospital - Non-pecuniary interest;
- (j) Cllr M Kelly - Minute 62 (Council's Response to COVID-19) - Employed by Essex Partnership University NHS Foundation Trust - Non-pecuniary interest; and
- (k) Cllr F Evans - Minute 62 (Council's Response to COVID-19) - Director of Belfairs Academy - Non-pecuniary interest.

61 Questions from Members of the Public

There were no questions from members of the public relating to business included in the agenda for the meeting.

62 The Council's Response to COVID-19

The Chair reported that she had called the special meeting of the Committee pursuant to Paragraph 4 of the Scrutiny Procedure Rules in Part 4(e) of the Constitution, to consider the Council's response to the COVID-19 pandemic and its plans for recovery.

The Committee considered Minute 24 of the meeting of Cabinet held on 9 June 2020, which had been referred direct to Scrutiny, together with a report of the Chief Executive detailing the action taken by the Council to respond to the pandemic and its approach to the restoration of services and the provision of support for local residents, businesses, staff and the borough in general.

Councillors were advised that the report was to be considered by each of the scrutiny committees during the current cycle of special meetings and were reminded that, in considering the action taken by the Council in response to the pandemic, each scrutiny committee should focus on its specific areas of responsibility. The relevant members of the Cabinet and chief officers were in attendance to answer questions raised by councillors at the meeting.

The Committee also had before it the minutes of the meeting of the Policy and Resources Scrutiny Committee held on 11 June 2020 and the meeting of the Place Scrutiny Committee held on 15 June 2020, for information.

Councillors received a presentation from the Policy Manager and the Interim Head of Corporate Strategy, together with an updated version of the report of the Chief Executive, which also set out proposals to address arrangements for local COVID-19 outbreak planning and highlighted the role of the Council in supporting the NHS test, trace, and isolate programme. The report also detailed a proposed approach to driving recovery from the impact of the pandemic, through the use of the Southend 2050 programme.

On behalf of the Committee, the Chair thanked all officers of the Council for their commitment in responding to local issues arising from the pandemic and for their contribution to the delivery of new, adapted and existing services in difficult circumstances. Councillors also extended their thanks to National Health Service staff and other key workers for their dedication in responding to issues arising from the pandemic

Resolved:

That the following decisions of the Cabinet be noted:

- “1. That the action taken to date in response to the Covid-19 crisis, be noted;
2. That, in the light of the impact of Covid-19, the proposed approach to recovery, including the use of the Southend 2050 programme to drive the Borough and Council’s recovery phase and in that context undertake a review of the Southend 2050 outcomes and roadmap content, be approved;
3. That the residents, staff, businesses and partners be thanked for all their efforts to date in responding to the pandemic;
4. That the governance arrangements for overseeing preparations for a local outbreak of Covid-19 and the production and implementation of a Local Outbreak Control Plan be put in place, as outlined in paragraph 4.15.5 of the submitted report. This will see the establishment of an Outbreak Control Oversight Board and a Local Health Protection Board as sub-groups of the Health and Wellbeing Board; and
5. That it be noted that the executive decisions, that would otherwise go to Cabinet, relating to the arrangements for local outbreak planning, the Council’s role in supporting the NHS test, trace and isolate programme and associated matters, will be dealt with under the Council’s SO 46 procedure, with additional consultation with the 4 Group Leaders in the case of strategic matters.”

Note: This is an Executive Function
Cabinet Member: I Gilbert

63 Initial Local Financial Assessment of COVID-19

The Committee considered Minute 25 of the meeting of Cabinet held on 9 June 2020, which had been referred direct to Scrutiny, together with a report of the Executive Director (Finance and Resources), which provided a high-level initial assessment of the local financial impact of the COVID-19 pandemic, the minimisation of its impact on local residents and businesses and the future sustainability of service provision. The report also outlined the Council’s initial response to the financial challenges presented by the pandemic over the short and medium term, although councillors were advised that assumptions and understanding of many contributory factors were under constant review.

Councillors were advised that it was currently too early to assess the overall economic impact of COVID-19, but that it was currently estimated that the original lockdown arrangements could cost the authority around £2.5m-£3.0m each month and that effective management of the short and medium-term financial challenges arising from the pandemic would be important going forward, whilst continuing to provide support for local residents and businesses.

The Executive Director (Finance and Resources) highlighted areas of central Government support that had been received by the Council, including a number of elements of passported funding and reported that the pandemic had had a significant effect in terms of a number of universal income areas. The Executive Director (Finance and Resources) also

gave an oral update on the latest announcements by the Government regarding potential emergency grant funding since the publication of the report.

The relevant members of the Cabinet were also in attendance to answer questions raised by councillors at the meeting.

Resolved:

That the following decisions of the Cabinet be noted:

“1. That the Council’s initial assessment of the local financial impact of the unprecedented challenges that has been caused by the pandemic, be noted;

2. That the proposed tactical and strategic response to managing the financial challenges, be noted; and

3. That regular reports be presented to future Cabinet meetings, which will provide updated assessments on the Council’s financial position and outline any changes to the Council’s strategy and range of assumptions.”

Note: This is an Executive Function
Cabinet Member: I Gilbert

64 Urgent Item of Business - SO46 Report

This matter was considered at the meeting as an urgent additional item of business on the basis of its relevance to the report on the Council’s response to COVID-19. The Scrutiny Committee had before it the report made to the Cabinet at its meeting on 9 June 2020 and the associated Minute 26 of that meeting.

With the agreement of the Chair, the Committee considered a report setting out details of the following decision that had been implemented pursuant to Standing Order 46 (Urgent Action) during the period of the COVID-19 pandemic and were of relevance to the earlier report on the Council’s response to the pandemic:

(a) 2.1 Southend Adult Community College – Scheme of Delegation

There was no debate on the report by councillors.

Resolved:

That the report be noted.

Note: This is an Executive Function
Cabinet Member: A Jones

Chair: _____

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SOUTHEND-ON-SEA BOROUGH COUNCIL

Meeting of People Scrutiny Committee

Date: Tuesday, 7th July, 2020

Place: Virtual meeting via Microsoft Teams

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- Present: Councillor L Salter (Chair)
Councillors N Folkard (Vice-Chair), H Boyd, M Borton, A Chalk, A Dear, M Dent, F Evans, D Garne, B Hooper, M Kelly, K Mitchell, C Nevin, I Shead, M Stafford, A Thompson and C Willis
O Richards (Healthwatch Southend), T Watts (Southend Carers Forum) (Co-opted members)
- In Attendance: Councillors T Harp, A Jones, M Terry (Cabinet Members), Councillor K Evans, Councillor S Wakefield, T Forster, M Marks, J Williams, S Baker, E Cook, R Harris, B Leigh, B Martin and S Tautz
M Faulkner-Hatt, S Kebbell (Southend Youth Council) (Observers)
- Start/End Time: 6.30pm - 7.45 pm

126 Apologies for Absence

There were no apologies for absence from the meeting.

127 Declarations of Interest

The following councillors declared interests as indicated:

- (a) Councillors T Harp, A Jones and M Terry (Cabinet Members) - Interest in the called-in item; attended pursuant to the dispensation agreed at Council on 19 July 2012, under S.33 of the Localism Act 2011;
- (b) Cllr L Salter - Minute 131 (East of England Ambulance Service NHS Trust - Shoeburyness Ambulance Station) and Minute 132 (Changes to Clinical Commissioning Groups in Mid & South-Essex) - Husband is consultant surgeon at Southend Hospital; daughter is a consultant at Basildon Hospital; son-in-law is GP in the borough - Non-pecuniary interest;
- (c) Cllr A Jones - Minute 130 (Annual Education Report) - Parent of child in Key Stage 4 education and the Council's representative on governing body of Southend Adult Community College - Non-pecuniary interest;
- (d) Cllr K Mitchell - Minute 130 (Annual Education Report) – Involvement with local schools though employment as a family worker and family member due to start school in September 2020;
- (e) Cllr K Mitchell - Minute 132 (Changes to Clinical Commissioning Groups in Mid & South-Essex) – Involvement with local health services through employment as a family worker - Non-pecuniary interests;
- (f) Cllr M Borton - Minute 130 (Annual Education Report) - Governor at Milton Hall School - Non-pecuniary interest;

- (g) Cllr B Hooper - Minute 130 (Annual Education Report) - Director of Blade Education (a not-for-profit company) and parent of child attending secondary school in Borough - Non-pecuniary interest;
- (h) Cllr M Kelly - Minute 132 (Changes to Clinical Commissioning Groups in Mid & South-Essex) - Employed by Essex Partnership University NHS Foundation Trust - Non-pecuniary interest;
- (i) Cllr C Nevin - Minute 131 (East of England Ambulance Service NHS Trust - Shoeburyness Ambulance Station) and Minute 132 (Changes to Clinical Commissioning Groups in Mid & South-Essex) - Employed at external NHS Trust; family members employed at Mid and South-Essex Trust hospitals - Non-pecuniary interests;
- (j) Cllr T Harp - Minute 130 (Annual Education Report) - Friend employed by 'A Better Start Southend'; Volunteer with Southend Association of Voluntary Services (SAVS) that delivers services for Better Start and wife is an employee of SAVS - Non-pecuniary interest;
- (k) Cllr T Harp - Minute 131 (East of England Ambulance Service NHS Trust - Shoeburyness Ambulance Station) - Friend and future relative employed by the East of England Ambulance Service NHS Trust - Non-pecuniary interest;
- (l) Cllr F Evans - Minute 130 (Annual Education Report) - Director of Belfairs Academy - Non-pecuniary interest; and
- (m) Cllr N Folkard - Minute 132 (Changes to Clinical Commissioning Groups in Mid & South-Essex) - Ambassador for Fund Raising Team at Southend Hospital; relative works at Broomfield Hospital; on the Reading Panel at Southend Hospital - Non-pecuniary interest.

128 Questions from Members of the Public

There were no questions from members of the public relating to the responsibilities of the Committee.

129 Minutes of Meetings Held on 20 & 29 January 2020

Resolved:

That the minutes of the meetings of the Committee held on 20 and 29 January 2020 be confirmed as a correct record and signed.

130 Annual Education Report

The Committee considered Minute 869 of the meeting of the Cabinet held on 25 February 2020, which had been called in to the People Scrutiny Committee, together with a report of the Director of Education and Early Years that presented the Annual Education Report (AER) for 2018/19.

Resolved:

That the following decision of the Cabinet be noted:

1. "That the new digital format for the AER, be approved.

2. That the Annual Education Report, recognising the very positive outcomes for learners across all Key Stages, be approved.
3. That the AER in future years forms part of the normal annual reporting framework.”

Note: This is an Executive Function
Cabinet Member: Cllr A Jones

131 East of England Ambulance Service NHS Trust - Shoeburyness Ambulance Station

The Committee received an update on the progress of the modelling review being undertaken by the East of England Ambulance Service NHS Trust and was advised that slippage in the modelling exercise had occurred as a result of the COVID-19 pandemic.

In response to questions raised by councillors that couldn't be answered at the meeting, the Chair requested that details be provided to the Cabinet Member for Health and Adult Social Care, in order that written responses to all such matters could be sought from the Trust.

Resolved:

That the report be noted.

132 Changes to Clinical Commissioning Groups in Mid & South-Essex

The Committee received an update on the progress of the merger of the Clinical Commissioning Groups and was advised that NHS England had paused all work on the merger of CCGs as a result of the COVID-19 pandemic.

In response to questions raised by councillors that couldn't be answered at the meeting, the Chair requested that details be provided to the Cabinet Member for Health and Adult Social Care, in order that written responses to all such matters could be sought from Mid and South Essex Clinical Commissioning Groups.

Resolved:

That the report be noted.

133 In-Depth Scrutiny Projects & Summary of Work 2019/20

The Committee received a report of the Executive Director (Legal and Democratic Services), which provided an update on progress with regard to the in-depth scrutiny projects due to have been completed during the 2019/20 municipal year. The report also provided information about the work that had been carried out by each of the scrutiny committees during the previous year.

Resolved:

1. That the Committee note progress with regard to its in-depth scrutiny project due to have been undertaken during the 2019/20 municipal year.
2. That the completion of the in-depth scrutiny project be carried forward into the 2020/21 municipal year.

3. That no further topic(s) be selected by the Committee for additional in-depth review during 2020/21.
4. That the Committee note the summary of the work undertaken by each of the Scrutiny Committees during 2019/20.

Note: This is a Scrutiny function.

Chair: _____

Southend-on-Sea Borough Council

Report of Executive Director (Adults and Communities)

to

Cabinet

on

28th July 2020

Report prepared by: Sarah Baker, Interim Director of
Communities

Agenda
Item No.

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12

Covid-19: Implementation of Care Act Easements under the Coronavirus Act 2020

Cabinet Member: Councillor Trevor Harp

A Part 1 (Public Agenda Item)

1 Purpose of Report

- 1.1 To present the framework that sets out how the Council would implement the provision set out within the new Care Act easements, created under the Coronavirus Act 2020. This far reaching legislation has been enacted in response to the challenges arising from COVID -19. The Government has also published a range of guidance to support this unprecedented situation
- 1.2 To seek approval for delegated authority to the Executive Director of Adults and Communities in consultation with the Lead Member to implement if required the temporary changes to the Council's Care Act duties. Any such decision would also involve engagement the Chief Executive, Leader of the Council and the Chair of People Scrutiny.
- 1.3 The easements took legal effect on 31 March 2020 and will be in place for a period of two years (reviewed in Parliament every six months); they should only be implemented by local authorities where it is essential in order to maintain the highest possible level of services during the COVID-19 outbreak.
- 1.4 In line with the government's recommendation our use of the easements would be as a last resort, would be time-limited and used as narrowly as possible to ensure the best possible care for people during this exceptional period. The framework has been produced from the national guidance and Ethical Framework and all decisions made will be in line with this.

2 Recommendations

- 2.1 That Cabinet approve the Care Act Easements framework that sets out how the Council would implement the provision set out within the new Care Act easements, created under the Coronavirus Act 2020.
- 2.2 Following engagement with the Chief Executive ,the Leader of the Council and the Chair of People Scrutiny, that authority is delegated to the Executive Director of Adults and Communities in consultation with the Cabinet Member for Adult Social Care and Health to implement the Care Act Easements framework . This would be in line with Government guidance and as referenced in the framework all or any powers provided by the Care Act Easements under the Coronavirus Act 2020 in line with the timescales outlined in the framework.

3. Background

- 3.1 The role of prevention is a priority for Adult Social Care and intrinsically links to the Safe and Well Southend 2050 theme by supporting the aspiration that people are remaining well enough to enjoy fulfilling lives.
- 3.2 Adult social care also provides care and support for people who need it because of age, illness, disability or other circumstances. It ranges from help with essential daily activities, such as eating and washing, to participation in all aspects of life, such as work or socialising. Social care can be provided in people's homes, to enable independent living or help with recovery after illness and, care in a person's home is no longer an option, provide a safe space for people to live in supported housing, residential or nursing homes.
- 3.3 During COVID -19, there are new demands on the existing health and social care system. For example, increasing requirements around swift hospital discharge with a need for the creation of extra capacity in care homes and domiciliary care, and in some situations increased complexity of need for services to manage.
- 3.4 Necessary requirements around social distancing are leading to social isolation and this is especially challenging for those with dementia, learning disabilities, mental health problems or autism and is also very difficult for their carers. Some services, such as day opportunities, have had to be stopped in their current form, to comply with social distancing. In addition, family carers may become ill, or their loved one may become ill with Covid-19 and require more support.
- 3.5 There may be challenges to the nursing and social care workforce impacting upon nursing and residential care homes, the provision of domiciliary care and social work capacity due to the impact of the illness itself, as well as the essential need to protect staff and other residents from infection.

- 3.6 The framework sets out how the Council would implement the provision set out within the new Care Act easements, created under the Coronavirus Act 2020, to ensure the best possible care for people during this exceptional period. The framework has been produced from the national guidance and Ethical Framework and all decisions made will be in line with this.
- 3.7 The Ethical Framework is there to ensure that ample consideration is given to a series of ethical values and principles when possibly making challenging decisions that could have a significant impact on people's lives.
- 3.8 Alongside ethical considerations, every decision would require consideration of individual wellbeing, overall public good and the resources that are available. The values and principles would serve as a starting point to guide decision-making, supported by the views of lead professionals, collaboration across disciplines and organisations, and the extent of information available in each particular circumstance.
- 3.9 The aim of the framework is to streamline present assessment arrangements and prioritise care so that the most urgent and acute needs are met were the demand for support to outstrip the ability to meet all currently identified needs. The powers in the Coronavirus Act enable the Council to prioritise more effectively where necessary than would be possible under the Care Act 2014 prior to its amendment. To not prepare for the possibility of such eventualities could arguably leave people at significant risk, so it is important to plan to carefully use easements if needed.
- 3.10 The changes fall into four key categories, each applicable for the period the powers are in force:
- The Council would not have to carry out detailed assessments of people's care and support needs in compliance with pre-amendment Care Act requirements and would instead complete a proportionate assessment which includes a statement of Adult Social Care operating under Care Act Easements.
 - The Council would not have to carry out financial assessments in compliance with pre-amendment Care Act requirements, but would have powers to charge people retrospectively for the care and support they receive during this period, subject to giving reasonable information in advance about this, and a later financial assessments.
 - The Council would not have to prepare or review care and support plans in line with the pre-amendment Care Act provisions. They would however still be expected to carry out proportionate, person-centred care planning which provided sufficient information to all concerned, particularly those providing care and support, often at short notice.

- The duties on Local Authorities to meet eligible care and support needs, or the support needs of a carer, are replaced with a power to meet needs. The Council would still be expected to take all reasonable steps to continue to meet needs as now but in the event that they are unable to do so, the powers would enable them to prioritise the most pressing needs, and to temporarily delay or reduce other care provision.

3.11 The use of the easements would be as a last resort; they would be time-limited and used as narrowly as possible to minimise any long term impact to people's autonomy and choice. Were the enactment of easements to be required, there is the potential that people would be likely to have reduced choice in how their needs would be met e.g. because of reduced market capacity/staff availability/reduced choice of accommodation for people. Less detailed assessments may result in less clear care planning information for support providers, and consequently for potentially poor support provision. Increased pressure on carers, as staff would not be carrying out carer assessments. A delay in completing financial assessments could lead to a build-up of client contributions which some clients might find difficult to repay or negatively impact benefit awards, which could have long-term consequences for entitlement to benefits such as Housing Benefit, etc.

3.12 The framework explains that the main areas that might trigger requirements for temporary changes to statutory duties under the Care Act 2014 include new or increased social care demand, inadequate numbers of social workers, inadequate numbers of direct care staff and/ or inadequate nursing or residential care capacity.

3.13 The Council would only consider the use of easements as a last resort and a number of measures are already in place in the relevant areas to mitigate the necessity to enact them, including:

- Making regular calls to people in the shielded categories and providing advice and support as well as ensuring they have access to food, medication and other essentials so that they do not need to leave their homes.
- Creating the conditions so that the majority of social care staff can work from home and carry out assessments virtually.
- Close monitoring of social care demand and financial and practical support to support providers with managing capacity.
- Robust support for care providers around infection control by supporting with the provision of relevant PPE, offering robust infection

protection control advice and maintaining regular contact and communication channels.

3.14 If there was no alternative than to use the easements, it would not be a blanket implementation. The Council would adopt a tiered approach with reference to the guidance and escalation would be as part of a robust care governance process. It would only be in place for the minimum time necessary with the continued aim of returning to Care Act 2014 compliance as soon as possible.

3.15 Guidance issued by the Department of Health and Social Care sets out actions that should be taken before considering and when using the easements. In particular it is clear that use of the easements should be carefully considered and that Care Act 2014 duties should continue to be met for as long as possible.

4. Other Options

4.1 The other option is to do nothing, however if any of the trigger points were reached and the decision was not to enact the necessary easements then it is likely to result in urgent or acute needs not being met, potentially risking life.

5. Reasons for Recommendations

5.1 To ensure that the Council have an agreed framework that can be implemented if challenges resulting from covid-19 reach a critical level. Having a transparent process, that is underpinned by the Ethical Framework, with a clear rationale for any recommended actions will enable us to continue to safeguard vulnerable adults.

6. Corporate Implications

6.1 Contribution to the Southend 2050 Road Map

Our focus is on continuing to support people and to be effective at delivering the Southend 2050 ambitions detailed in the table below:

Pride & Joy	<ul style="list-style-type: none"> Local provision for local people A care sector that makes a difference for Southenders
Safe & Well	<ul style="list-style-type: none"> People in all parts of the borough feel safe and secure at all times We are all effective at protecting and improving the quality of life for the most vulnerable in our community.
Active & Involved	<ul style="list-style-type: none"> The benefits of community connection are evident as more people come together to help support each other. People from different backgrounds are valued and get on well together.

Opportunity & Prosperity	<ul style="list-style-type: none"> • A trained and supported social care workforce • Southend is a place that is renowned for its creative industries
Connected & Smart	<ul style="list-style-type: none"> • The use of data to support decision making and planning in social care • The use of technology to increase independence and reduce the need for care and support

6.2 Financial Implications

On 19 March 2020, the Government announced £1.6 billion of additional funding for local government to help them respond to Coronavirus pressures across all the services they deliver. This includes increasing support for the adult social care workforce and for services helping the most vulnerable, including homeless people. The Council's allocation of this funding (across all its services) was £5.4m. A further £1.6 billion was announced on 18 April, taking the total for the sector to £3.2 billion. The Council's share of this second tranche of funding has now been confirmed as £5m. This funding is being used to cover the additional costs incurred by the Council due to Coronavirus.

The Care Act Easements guidance is to be read alongside the COVID-19 Hospital Discharge Service Requirements. This makes it clear that Local Authorities do not have to undertake financial and eligibility assessments for people who are being discharged as part of the enhanced hospital discharge service.

The Government is fully funding the cost of new or extended out-of-hospital health and social care support packages for people being discharged from hospital or who would otherwise be admitted into it for a limited time, to enable quick and safe discharge and more generally reduce pressure on acute services.

If the Council were to implement the easements, a delay in completing financial assessments could lead to a build-up of client contributions which some people might find difficult to repay or significantly affect the award and receipt of a range of means-tested benefits

6.3 Legal Implications

The provisions of the Coronavirus Act 2020 relating to adult social care as set out in Schedule 12 of this Act give local authorities power to decide not to comply with certain legal duties under the Care Act 2014 for the period in which the relevant new provisions are in force. For example, local authorities can therefore decide not to carry out the usual assessments, not to determine

usual eligibility, not to make usual provision to meet eligible needs, not to prepare care and support plans and not to agree to arrangements for top up payments.

The Council will strive to meet its existing Care Act duties for as long as it can and by so doing will be following government guidance. Any decision to exercise the Care Act easements in the Coronavirus Act 2020 will also be in line with government guidance.

6.4 People Implications

The Council's overall, and individual service, business continuity plans were put into effect and adapted to circumstances, with staff encouraged to work from home, following Government guidance from 16 March.

The Council's social work teams have continued to work remotely, supporting existing and new people requiring support and proactively contacting people known to have high levels of vulnerability including shielded groups. Locality teams are responding to urgent need, maintaining all statutory functions such as Mental Health Act assessments and safeguarding work, carrying out functions remotely wherever possible.

6.5 Property Implications

None

6.6 Consultation

For reasons of urgency, formal consultation has not taken place to date. However, should it become necessary for the Care Act easements to be used, the Executive Director of Adult Social Care and Communities would engage with relevant senior members, officers, partners and (where possible) user/carer groups. Communication would take place as appropriate to inform any affected service users and carers, providers, partners. A Communications Plan is attached (Appendix 1).

6.7 Equalities and Diversity Implications

The equality and diversity implications are implicitly addressed in the Ethical Framework, (Appendix 2). We have linked into the Equality Impact Assessment which has been undertaken as part of the Council's response to Covid-19

6.8 Risk Assessment

Appropriate risk assessments would be carried out if there was a necessity to enact any of the easements.

6.9 Value for Money

None specific

6.10 Community Safety Implications

Safeguarding adults remains a statutory duty of local authorities to keep everyone safe from abuse or neglect. The Coronavirus Act 2020 does not affect the safeguarding protections in the Care Act.

6.11 Environmental Impact

None

7. **Background Papers**

Framework for implementation of Care Act Easements

8. **Appendices**

Appendix 1 – Communications Plan

Appendix 2 – Ethical Framework

Appendix 1

Communications Plan: Adult social care easement

Strategy

Due to demand on social services during the Coronavirus pandemic and social care becoming the new frontline of care, we have to protect our staff and service to ensure the ongoing quality of care we provide. This document outlines the communications plan should we implement 'Care Act easements', designed to ease pressure by reducing and streamlining aspects of the service. The easements will only be introduced should the service come under severe and critical pressure and specific baseline points have been met, as determined by senior management.

Communications objectives:

- a. To inform stakeholders of changes to processes and procedures, only if and when, easement is introduced.

2. Audiences:

- a. Care providers, carers and clients
- b. Internal - Councillors and social workers
- c. Stakeholders - NHS, voluntary sector, advocacy etc.
- d. Wider public, media etc.

Key messages:

Message funnel – all audiences:

- a. What is easement?
- b. Why are we introducing it?
- c. Who does it apply to?
- d. How will it affect our work/my loved one/residents?
- e. When is it happening?
- f. Where does it apply?
- g. When can we expect it to be lifted?
- h. Reassurance of continuing duty of care
- i. Emphasis that this is to ultimately improve and speed up the service we provide to those most in need.

3. Channels:

Email, letter, councillor briefing, press release, social media, website.

Target Market	Channel	Detail	Date
A	Email / letter	Wording sign off required and agreement of who the letter should come from (Ali, Tandra, Sarah, Cllr Harp or Cllr Gilbert)	Once easement date is confirmed
B	Councillor briefing (email), email to key staff, manager briefings	Wording based on comms to audience A.	Day before easement begins
C	Email	As above	As above
D	Press release	Based on above with quote from Cllr Harp	Day easement begins
	Update website		Day easement begins
	Social media posts		When press release is issued.

Appendix 2

GOV.UK

1. Home (<https://www.gov.uk/>)
2. COVID-19: ethical framework for adult social care (<https://www.gov.uk/government/publications/covid-19-ethical-framework-for-adult-social-care>)
1. Department of Health & Social Care (<https://www.gov.uk/government/organisations/department-of-health-and-social-care>)

Guidance

Responding to COVID-19: the ethical framework for adult social care

Published 19 March 2020

Contents

Introduction

How to use the framework

The values and principles

1. Respect
2. Reasonableness
3. Minimising harm
4. Inclusiveness
5. Accountability
6. Flexibility
7. Proportionality
8. Community

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This publication is available at <https://www.gov.uk/government/publications/covid-19-ethical-framework-foradult-social-care/responding-to-covid-19-the-ethical-framework-for-adult-social-care>

Introduction

The current novel coronavirus (COVID-19) outbreak, which began in December 2019, will have major implications for health and care services in the UK.

As set out in the coronavirus action plan (<https://www.gov.uk/government/publications/coronavirus-action-plan>), published on 3 March 2020, the UK's health and social care systems have planned extensively over the years for a pandemic and are well prepared to offer substantial protection to the public. Of course, the exact response to COVID-19 will be tailored to the nature, scale and location of the threat as our understanding of this develops.

Local authorities and the wider health and care workforce are faced with difficult decisions every day. However, planning for and responding to COVID-19 as it develops will undoubtedly require making difficult decisions under new and exceptional pressures with limited time, resources or information.

These decisions could be personal, relating to our families, carers and communities, or have wider impacts on the organisation and delivery of our health and care services. Decisions will need to be made in accordance with the law and official guidance issued and applicable at the time, and while meeting statutory duties and professional responsibilities.

This framework intends to provide support to ongoing response planning and decision-making to ensure that ample consideration is given to a series of ethical values and principles when organising and delivering social care for adults.

Recognising increasing pressures and expected demand, it might become necessary to make challenging decisions on how to redirect resources where they are most needed and to prioritise individual care needs. This framework intends to serve as a guide for these types of decisions and reinforce that consideration of any potential harm that might be suffered, and the needs of all individuals, are always central to decision-making.

Equal concern and respect should be given to all individuals, their families and carers, and communities, as well as the professionals and volunteers that we will be relying on to ensure the delivery of our services and ambitions.

As the outbreak affects society as a whole, everyone will have their role to play to support the ongoing and future response. It is vital that professionals, organisations and public agencies work together at local and national level, and that planning and response activities at national, regional and local level are well-coordinated. Appropriate records must be kept of which decisions are taken and their justifications to both ensure accountability and to share learning with others during and as the outbreak develops.

This document has been adapted and refreshed from the ethical framework first developed by the Committee on Ethical Aspects of Pandemic Influenza in 2007, which was later revised by the Department of Health and Social Care (DHSC) in 2017.

How to use the framework

This framework is aimed at planners and strategic policy makers at local, regional and national level to support response planning and organisation of adult social care during and as COVID-19 develops. It also aims to support the work of professionals and others in the health and social care workforce who are developing policies and responding to the outbreak, in line with their own professional codes of conduct and regulations.

These principles can also be applied more widely in the social care sector.

Social care is a locally led and delivered service built on a detailed understanding of individuals and their families, communities and cultures. Social workers, occupational therapists and nurses form the core professional group and have clear responsibilities and accountabilities to their own professional codes and guidelines.

Local professional leaders, such as principal social workers and principal occupational therapists, will be key in ensuring this framework is applied and understood. As such, the skills of these professionals should be used to help develop and review locally agreed processes.

Alongside ethical considerations, every decision will require consideration of individual wellbeing, overall public good and the resources that are available. The values and principles should serve as a starting point to guide decision-making, supported by the views of lead professionals, collaboration across disciplines and organisations, and the extent of information available in each particular circumstance.

The ethical values and principles are equally relevant to those in need of social care who may face increased vulnerability, those who may become in need of social care, and the health and social care workforce who may face new and unexpected burdens when making difficult decisions and providing care and support during and as COVID-19 develops.

It might be useful to use the framework as a checklist to ensure ethical considerations are taken in to account, however, the values and principles described in this document are not exhaustive. When implementing the ethical values and principles in urgent and uncertain circumstances, you may encounter tension between them which will require a judgement to be made on the extent that a particular value or principle can be applied in the context of each particular decision.

In all instances, respect and reasonableness should be used as the fundamental, underpinning principles which guide planning and support judgements.

The values and principles

This section outlines each ethical value and principle and associated actions and best practice when considering and applying them. These should be considered alongside professional codes of conduct and the most recent official guidance and legislation where these apply.

The principles are numbered for ease of reference but are not ranked in order of significance or exhaustive. There are no absolute answers to making the correct or most ethical decisions.

Where resources are constrained and there are surges in demand, it may not be feasible to consider all the principles or the actions below them. Each principle must be considered to the extent possible in the context of each circumstance with appropriate risk management and considerations of individual wellbeing, overall public good and available information and resources.

1. Respect

This principle is defined as recognising that every person and their human rights, personal choices, safety and dignity matters.

- To ensure people are treated with respect, those making decisions should:
- provide people with the opportunity to express their views on matters that affect their care, support and treatment
- respect people's personal choices as much as possible, while considering and communicating implications for the present and future
- keep people as informed as possible of what is happening or what is expected to happen in any given circumstance
- where a person may lack capacity (as defined in the [Mental Capacity Act](#)), ensure that a person's best interests and support needs are considered by those who are responsible or have relevant legal authority to decide on their behalf
- strive to support people to get what they are entitled to, subject to available resources, ensuring that there is a fair judgement and clear justification for any decisions made on prioritisation

2. Reasonableness

This principle is defined as ensuring that decisions are rational, fair, practical, and grounded in appropriate processes, available evidence and a clear justification.

When considering how reasonable a decision is, those making decisions should:

- ensure the decision made is practical with a reasonable chance of working
- base decisions on the evidence and information that is available at the time, being conscious of known risks and benefits that might be experienced
- consider alternative options and ways of thinking, being conscious of diverse views from cultures and communities
- use a clear, fair decision-making process which is appropriate for the time and context a decision must be made in, and allows for contributions to be considered seriously

This principle should be considered alongside relevant equalities-related legal and policy frameworks. Although resources may become stretched, it should be upheld that people with comparable needs should have the same opportunity to have those needs met.

3. Minimising harm

This principle is defined as striving to reduce the amount of physical, psychological, social and economic harm that the outbreak might cause to individuals and communities. In turn, this involves ensuring that individual organisations and society as a whole cope with and recover from it to their best ability.

It's important that those responsible strive to:

- acknowledge and communicate that everyone has a role to play in minimising spread, for example by practising thorough hand-washing or social distancing
- minimise the risk of complications in the event that someone is unwell
- provide regular and accurate updates within communities and organisations
- share learning from local, national and global experiences about the best way to treat and respond to the outbreak as understanding of COVID-19 develops
- enable care workers and volunteers to make informed decisions which support vulnerable people

4. Inclusiveness

This principle is defined as ensuring that people are given a fair opportunity to understand situations, be included in decisions that affect them, and offer their views and challenge. In turn, decisions and actions should aim to minimise inequalities as much as possible.

To ensure inclusiveness to the extent possible, those making decisions should:

- involve people in aspects of planning that affect them, their care and treatment, and their communities
- involve families and carers in aspects of planning that affect them and the individual who they care for
- ensure that no particular person or group is excluded from becoming involved
- consider any disproportionate impacts of a decision on particular people or groups
- provide appropriate communications to all involved, using the range of communication methods and formats needed to reach different people and communities
- be transparent and have a clear justification when it is decided to treat a person or group in a different manner than others, that which shows why it is fair to do so

Where appropriate, the above should be considered alongside relevant equalities-related legal and policy frameworks that will inform inclusive decision-making by ensuring that specific barriers to service use are minimised for those who may be or become disadvantaged as the outbreak develops.

5. Accountability

This principle is defined as holding people, and ourselves, to account for how and which decisions are made. In turn, this requires being transparent about

why decisions are made and who is responsible for making and communicating them.

Those responsible must be accountable for their decisions and actions by:

- acting on and delivering the outcomes required by their responsibilities and duties to individuals, their families and carers, and staff
- adhering to official guidance, statutory duties, and professional regulations at the time
- being transparent about how and which decisions need to be made and on what basis
- being prepared to justify which decisions are made and why, ensuring that appropriate records are being kept
- supporting others to take responsibility for their decisions and actions

Within organisations, this will also entail:

- continuing to carry out professional roles and responsibilities unless it is deemed reasonable not to do so
- providing an environment in which staff can work safely, effectively and collaboratively, which protects their health and wellbeing as the outbreak develops
- providing appropriate guidance and support to staff who may be asked to work outside of their normal area of expertise or be unable to carry out some of their daily activities
- having locally-agreed processes in place to handle ethical challenges during and in the aftermath of the outbreak

6. Flexibility

This principle is defined as being responsive, able, and willing to adapt when faced with changed or new circumstances. It is vital that this principle is applied to the health and care workforce and wider sector, to facilitate agile and collaborative working.

To ensure flexibility, those making decisions should be prepared to:

- respond and adapt to changes as and when they occur, for example in the event of new information arising or changed levels of demand
- ensure that plans and policy have room for flexibility and innovation where necessary
- provide people with as much opportunity as possible to challenge decisions that affect them in the time that is available
- ensure that the health and care workforce is supported to work collaboratively across disciplines and organisations, as agile and resilient as possible
- review organisational practices, standard approaches and contractual arrangements that may obstruct these ambitions

7. Proportionality

This principle is defined as providing support that is proportional to needs and abilities of people, communities and staff, and the benefits and risks that are identified through decision-making processes.

When considering proportionality, those responsible should:

- assist people with care and support needs to the extent possible
- act on statutory or special responsibilities, while noting any duties that might be amended as the outbreak develops
- provide support for those who have extra or new responsibilities to care for others
- provide support for those who are asked to take increased risks or face increased burdens, while attempting to minimise these as far as possible
- provide appropriate support and communications to staff who may experience unexpected or new pressures

8. Community

This principle is defined as a commitment to get through the outbreak together by supporting one another and strengthening our communities to the best of our ability.

Everyone involved will have a role to play in the response to the outbreak and will be affected in one way or another, and therefore should:

- work with and support one another to plan for, respond to, and cope with the outbreak
- support our networks and communities to strengthen their response and meet needs that arise, for example by helping and caring for neighbours, friends and family
- be conscious of own behaviour and decisions, and how this may impact on others
- share learning from own experiences that may help others

Southend-on-Sea Borough Council

Report of Executive Director (Adults & Communities) and
Executive Director (Children & Public Health)

to
Cabinet
on
28th July 2020

Report prepared by: Paul Hill and Sue Rollason
(Southend Safeguarding Board Business Managers)

Agenda
Item No.

7

Annual Report on Safeguarding Children and Adults 2019/20

People Scrutiny Committee
Cabinet Member: Cllr Harp
A Part 1 (Public Agenda Item)

1. Purpose of Report

To provide an annual assurance assessment for the Chief Executive and elected members of their responsibilities for safeguarding children and adults in Southend. This report contributes to the requirements of statutory guidance in Working Together to Safeguard Children 2018 and the Care Act 2014.

2. Recommendations

That the report is noted and the actions detailed in Section 6 are approved

3. Report Summary

The report offers more information on work delivered in the period; in the following areas:

- Evidence Led Work (New Dashboard)
- Communication (New Website)
- Collaborative Partnerships
- Increase the voice of residents of Southend
- Workforce Supervision
- Concentrate on Neglect
- Delivery of the Making Safeguarding Personal Agenda
- Review and Audit Partnership Safeguarding Provision
- Involve the Education Sector
- Deliver against an agreed work plan
- Reflect and Learn from Case Reviews
- Improve Partnership response to child exploitation
- Review Partners response to Harmful Sexual Behaviour

Report Title:

Annual Report on Safeguarding Children and Adults 2019/20

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Report Number:

The report also identifies the priorities for 2020/23:

- Partnership Priorities
 - Ensure all Partners (Public, Private, Third Sectors and our Communities) have an opportunity to engage in working together and keeping people in Southend safe from harm and abuse.
 - Support communication between partners; ensuring vulnerable people have the information they need. (incl. data and information sharing)
 - Make arrangements that facilitate shared management of risk and delivery of services.
 - Create opportunity to build professional relationships and encourage Partners to work together to meet complex needs.
 - Make sure all practitioners and managers have the appropriate skills, competencies and training to fulfil their role; and are selected appropriately.
 - Ensure Partners learn from case reviews, organisational assessments and published guidance.
- Adults and Children's Shared Priorities
 - Neglect – promote the understanding of the issue.
 - Prevention – work with Partners to identify and reduce the cause of harm and abuse.
 - Ensure Partners hear the voice of the victim and think of the impact of abuse on the wider community (including family and close relationships)
 - Ensure that Partners have the tools and forums to discuss complex needs and the facility to manage any internal conflict.
 - Ensure that any change or new guidance is considered and implemented with the victim at the centre of its thinking
 - Ensure we develop the professional curiosity of practitioners.
 - Highlight the importance of reporting and recording accurately, to
 - ensure Partners have the best information and can understand the history of a victim.
- Vulnerable Adult Priorities
 - Domestic Violence – work with Partners to ensure victims are aware and receive the support they need.
- Children Priorities
 - Ensure Partners develop their understanding of Harmful Sexual Behaviour and put in place appropriate measures to protect victims.
 - Develop Partners ability to keep people safe on-line.

4. Background

4.1. Children and Social Work Act 2017

Under the Children and Social Work Act 2017, Local Safeguarding Children's Boards ceased and local multi-agency safeguarding arrangements were established in line with statutory guidance issued in Working Together 2018. The change in governance arrangements were delivered in Southend in October 2019.

(Note: A review of the 'new' arrangements will be completed in October 2020)

Report Title:

Annual Report on Safeguarding Children and Adults 2019/20

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Report Number:

4.2. Working Together to Safeguard Children 2018

In June 2018, the Department for Education released the revised version of Working Together to Safeguard Children (2018 new guidance). These had a significant impact on local arrangements and some of the key changes are set out below:

- Abolishment of Local Safeguarding Children’s Boards (LSCB’s) and the introduction of Multi-Agency Safeguarding Arrangements (MASA): *Southend Safeguarding Partners took the opportunity to change the governance of both the Local Safeguarding Children’s Board and Safeguarding Adults Board. The new governance framework created a combined Adults and Children’s ‘Southend Safeguarding Partnership’ (SSP).*
- Local Authorities, Clinical Commissioning Groups and Police are identified as having the lead – described as the “Safeguarding Partners” whilst other organisations included in the SSP are identified as “Relevant Others”
- Introduction of Child Safeguarding Practice Reviews, replacing existing Serious Case Reviews;
- Changes to Child Death Reviews, led by child death review partners who are identified as the Local Authority and Clinical Commissioning Groups.

4.3. The Children’s Act 2004

The Safeguarding Partnership must publish an annual report on the effectiveness of child safeguarding and promoting the welfare of children in the local area (this is a statutory requirement under section 14A of the Children Act 2004). The annual report should be published in relation to the preceding financial year and should fit with local agencies' planning, commissioning and budget cycles.

4.4. The Care Act 2014

The Care Act 2014 requires each SAB to publish an annual report. The Care Act (Schedule 2.4 (1) a – g) defines the minimum content of an annual report and it should be delivered as soon as is feasible after the end of each financial year.

4.5. COVID-19 (Coronavirus)

The performance of ‘Safeguarding Partners’ and how effectively, or otherwise, they are working together should be included in the report. Partners are engaged in the management of the Coronavirus pandemic and so it is not appropriate to ask them to assign time to the delivery of detailed contributions to this report. (*only a brief summary is included*) If in the future the Strategic Leadership Group deem appropriate a fuller version of this report will be produced. (*The attached report should therefore be referred to as the ‘interim’ Southend Safeguarding Partnership Annual Report 2019/20*)

4.6. Assurance

The attached report provides assurance of the SSP’s, and Council’s effectiveness in the discharge of their safeguarding responsibilities.

4.7. Responsibility

We as Executive Director (Adults & Communities) and Executive Director (Children & Public Health) have responsibility for improving outcomes for all children, young people and adults with additional care and support needs in Southend, and to ensure that all appropriate local authority services engage effectively with the SSP. We have met with lead members and the Chief Executive and the Council Leader with this report in order that they can satisfy themselves that we are fulfilling our responsibilities.

5. Other Options

None

6. Reasons for Recommendations

To keep the Council informed of the position in respect of safeguarding children and adults in Southend.

7. Corporate Implications

7.1. Contribution to Council's Vision & Corporate Priorities

The work of partners and the Council in safeguarding children and adults directly contributes to the Council's priority to look after and safeguard our children and vulnerable adults.

7.2. Financial Implications

Spending on Safeguarding Children Services
Spending on Safeguarding Adults Services

7.3. Legal Implications

This report supports the Council, The Leader, the Chief Executive Director and Lead Member to discharge their statutory duties under the Children Act 2004 and Care Act 2014.

7.4. People Implications

None

7.5. Property Implications

None

7.6. Consultation

The SSP is an inclusive organisation which involves statutory and voluntary agencies. Consultation with children and families, which influences the way in which services are delivered, is a key strategic priority for the SSP.

The SSP Community Services Members, Service User Organisation member, and Healthwatch member represent the interests of the community on the SSP in line with statutory guidance.

7.7. Equalities and Diversity Implications

The Council and the SSP have the responsibility to ensure that all children and adults with additional care and support needs have their safety and welfare needs addressed. The Southend, Essex and Thurrock Procedures for both Child Protection and Safeguarding Adults addresses the “recognition of additional vulnerability” and covers the considerations which must be taken into account when meeting the needs of particular groups. All the SSP sub groups address equality matters.

7.8. Risk Assessment

Risk logs are maintained for the SSP. There is a standing item on the agendas identifying risks to the efficacy of safeguarding services identified by partners, and agreeing mitigating actions to address these.

7.9. Value for Money

Fulfilling our responsibility to safeguard children and adults and promote their welfare is a statutory requirement. The Council works in partnership with other organisations and local authorities to ensure we fulfil those responsibilities in the most cost effective way. SSP members ensure that all functions are undertaken on value for money principles. Following a full review of the function in 2019 two business managers and one post for business support were engaged to deliver the functions of Adults and Children’s Safeguarding for the SSP.

7.10. Community Safety Implications

SSP support safeguarding arrangements for vulnerable members of our communities. The SSP oversee work on abuse, e-safety, violence against women and girls, modern slavery, sexual exploitation, bullying and hate crime as it relates to children and adults, and monitors the effectiveness of the implementation of the domestic abuse strategy.

8. Background Papers

Many are core documents and are the same as identified in previous reports. Listed is the legislation and guidance that feature most in the work of the SSP:

- Working Together to Safeguard Children
- Children Act 1989 / 2004
- The Human Rights Act 1998
- Family Law Act 1996 (as amended)
- Sexual Offences Act 2003
- Female Genital Mutilation Act 2003
- Licensing Act 2003

Report Title:

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Report Number:

- European Convention on Human Rights
- Data Protection Act 2018 and General Data Protection Regulations
- The Children (Private Arrangements for Fostering) Regulations 2005
- Anti-Social Behaviour, Crime and Policing Act 2014
- Children and Social Work Act 2017
- The Children Act 2004 Every Child Matters: Change for Children
- Special educational needs and disability code of practice (2015)
- Keeping Children Safe in Education (2016)
- Mental Capacity Act (2005)
- The Care Act (2014)
- Care Act Guidance (2014)
- Working Together (2018)
- Protection of Freedoms Act 2012 and the Freedom of Information Act (2004).
- Safeguarding Vulnerable Groups Act 2006.
- The Equality Act 2010
- The Caldicott Standards
- Disclosure and Barring Service

9. Appendices

Appendix 1 “Southend Safeguarding Partnership (interim) Annual Report 2019/20”



SOUTHEND

Safeguarding Partnership

(INTERIM) ANNUAL REPORT 2019 / 2020





INTRODUCTION

The Southend Safeguarding Partnership (SSP or the 'Partnership') has had an extremely busy year. The responsibility for delivering the work of the Partnership has moved to three strategic Partners, the shape and terms of reference of all our groups has changed and a new strategy has been developed.

We have made sure that all Partners involved have had opportunity to be part of this reshaping by a number of consultations, reviews and self-assessments. We have also delivered a great deal of work offering assurance to our Partners that Safeguarding is a priority for our Partners and they work together to keep children and vulnerable adults safe and free from abuse.

This (interim) Annual report gives highlights of what has been achieved. It reminds the reader what we said we would do and gives a summary of what we have done.

Next year we will deliver against our new Strategy, ensure we learn lessons from the recent Pandemic and Case Reviews (national and local) and consolidate work completed this year.

WHY IS THIS AN INTERIM REPORT?

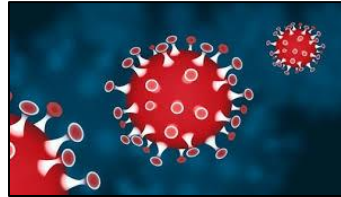
The current Coronavirus pandemic has led to significant demands on all members of the Partnership. Adding to their work load at the moment to produce a 'full' annual report would have been inappropriate. We have been able to produce this report without unduly taking resources from already busy services. We will deliver a full report when Partners have returned to business as usual.

Southend Safeguarding Partnership Annual Report (Interim) 2019-2020



CORONAVIRUS (COVID-19)

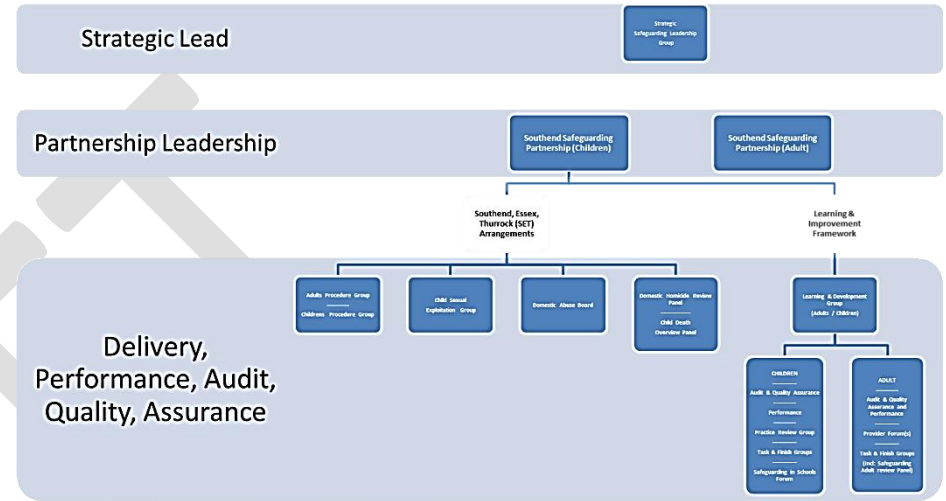
The performance of member agencies and how effectively, or otherwise, they are working together should be included in the report. Partners are engaged in the management of the Coronavirus pandemic and so it is not appropriate to ask them to assign time to the delivery of detailed contributions to this report. If in the future the Strategic Leadership Group deem appropriate a fuller version of this report will be produced.



We are aware of the amount of policy, guidance and advice being produced for Partners and the public. It is almost impossible to keep track of everything. To support our Partners we have (*to date*) produced 16 weekly Bulletins summarising all of this information and offering links to further advice:



STRUCTURE



We said we would comply with changes in legislation and combine changes in Children’s and Adults Safeguarding.

What we have done:

We have reviewed what is legally required of the Southend Safeguarding Partnership, the quantity of the work and how best the work should be delivered. There was also a change in legislation that moved responsibility of the children’s safeguarding partnership and that required us to rethink the structure of the safeguarding Adults Board and the Local Children’s Safeguarding Board and their sub groups. The outcome of all of this was the three strategic partners (Police, Local Authority and Health) took on responsibility for the Partnership and the structure of the groups and sub groups was completely changed.



STRATEGY 2020/23



Our 3 year strategy was developed to work alongside the strategies of Strategic partners and the needs of our communities. In developing this Strategy Partners aims and objectives, their assessment of their own 'safeguarding' performance and the performance of the Partnership were reviewed. It has also been exposed to service users through Partner forums and agreed by all parties as the most appropriate way forward.

Partnership Priorities

- Ensure all Partners (Public, Private, Third Sectors and our Communities) have an opportunity to engage in working together and keeping people in Southend safe from harm and abuse.
- Support communication between partners; ensuring vulnerable people have the information they need. (incl. data and information sharing)

- Make arrangements that facilitate shared management of risk and delivery of services.
- Create opportunity to build professional relationships and encourage Partners to work together to meet complex needs.
- Make sure all practitioners and managers have the appropriate skills, competencies and training to fulfil their role; and are selected appropriately.
- Ensure Partners learn from case reviews, organisational assessments and published guidance.

Adults and Children's Shared Priorities

- Neglect – promote the understanding of the issue.
- Prevention – work with Partners to identify and reduce the cause of harm and abuse.
- Ensure Partners hear the voice of the victim and think of the impact of abuse on the wider community (including family and close relationships)
- Ensure that Partners have the tools and forums to discuss complex needs and the facility to manage any internal conflict.
- Ensure that any change or new guidance is considered and implemented with the victim at the centre of its thinking
- Ensure we develop the professional curiosity of practitioners.
- Highlight the importance of reporting and recording accurately, to ensure Partners have the best information and can understand the history of a victim.

Vulnerable Adult Priorities

- Domestic Violence – work with Partners to ensure victims are aware and receive the support they need.

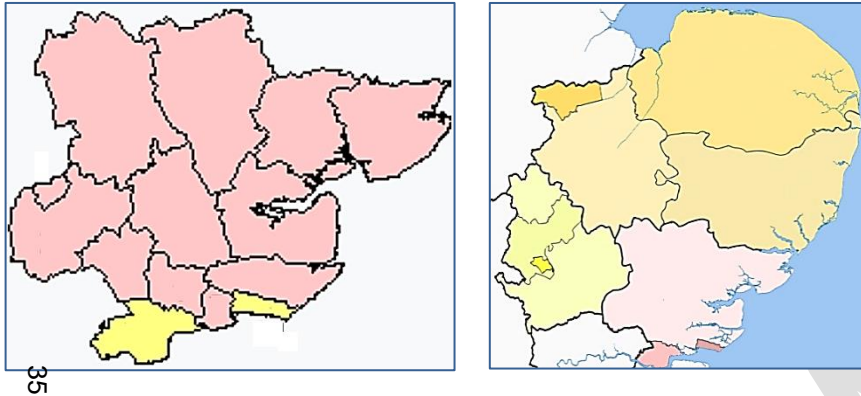
Children Priorities

- Ensure Partners develop their understanding of Harmful Sexual Behaviour and put in place appropriate measures to protect victims.
- Develop Partners ability to keep people safe on-line.
- A partnership plan that introduces these priorities into appropriate groups work plan has also been produced.



NATIONAL, REGIONAL AND SET LEARNING

(SET: Southend, Essex and Thurrock)



We said that we would be involved in National, Regional and SET groups so that we could influence strategy, policy and guidance and quickly react to learning.

What we have done:

We regularly attend meetings, webinars and briefings on issues such as Deprivation of Liberty, Mental Capacity, Harmful Sexual Behaviour, and Modern Slavery amongst many others. Learning is brought back to our Partners through meeting briefings, notes and tailored reports.

Examples of the outcomes include our involvement with the strategic development of co-designed solutions for Modern Slavery victims in Southend, tailored responses to harmful sexual behaviour, and changes to the delivery of case reviews.

We have produced a number of new and revised guidance documents with SET Partners including the core guidance for both Safeguarding Children and Adults for all Partners.

EVIDENCE LED WORK

Partners recognised the benefit of good data and intelligence to inform and lead decisions. We said we would improve the provision and accuracy of information.

What we have done:

1. DASHBOARD



The existing Dashboard provided by the Safeguarding Partnership was recognised as a significant tool used by the Performance and strategic groups. It did however have a number of difficulties; including:

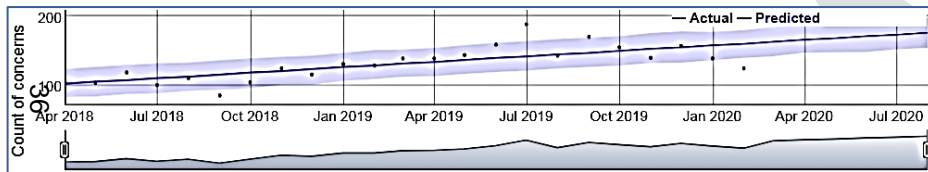
- Data was collected manually and used a large value of business managers time.
- Data sources and responsible representatives kept changing and so causing difficulty in collection
- Data source was not always agreed and on occasion proved inaccurate, out of date and incomplete

Southend Safeguarding Partnership Annual Report (Interim) 2019-2020

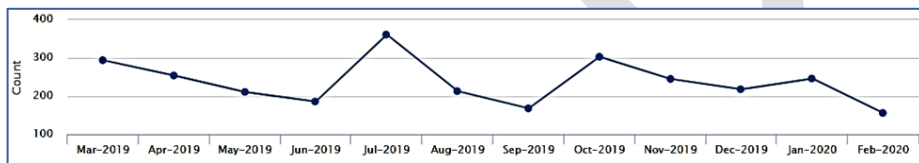


As a result of these difficulties funding was identified by Southend Borough Council to support the Partnership to develop 2 whole area safeguarding intelligence dashboards, one focusing on Children and one on Adults. The funding was to cover 1 year of resource. The objective of the project was to;

- develop dashboards (children's and adults) that would support the work of the safeguarding partnership, through improved data access, to monitor the effectiveness of safeguarding in Southend and support the vision to make better data driven decisions
- ensure opportunities to flow / share / visualise data for this objective was investigated and understood
- through facilitation, enable partners to influence content and shape the dashboard products



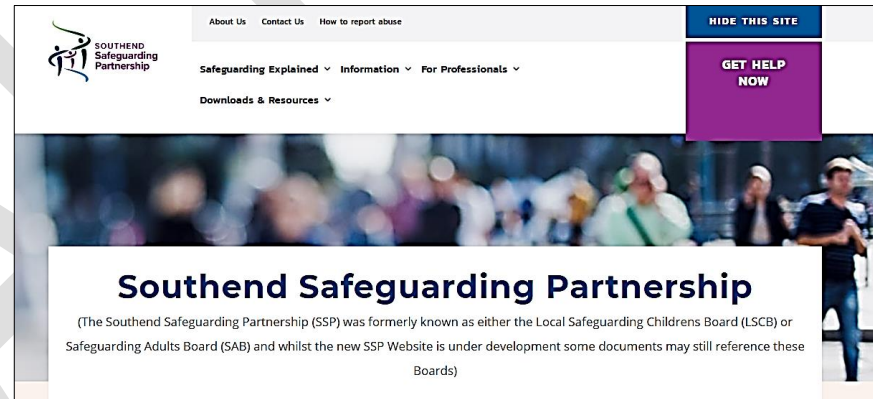
We have taken a collaborative approach which ensured everyone had opportunity to include data and comment on the design and development of the product. The dashboards have been developed in 3 iterations (3 phases). This allowed for continual partnership input and collaboration whilst allowing the OPI team to develop the product in iterations. Phase 1 to December/January (complete), Phase 2 to April/May (complete), Phase 3 to August (ongoing)



In order to gain the scope of the work the OPI team arranged and facilitated a number of collaborative workshops with the aim of defining the scope of the dashboards. This included identifying the type of publication, the contents, the data sources and the functionality of the dashboards.

The dashboard is in its final iteration and has been very well received by all partners

2. WEBSITE



Website

New regulations came into force for UK public sector bodies on September 23, 2018, setting accessibility standards for their websites/mobile apps.

The new website is under construction and was due for delivery just as the COVID19 lockdown was announced. This has led to the team using remote access facilities to review the new website which has slowed the process significantly.

The new website should be available by the end of April 2020. (1 month later than planned).



DRAFT



DELIVERY OF 2019/20 WORKPLAN



Southend Safeguarding Partnership delivered / engaged in a proactive way in a number of Collaborative Partnerships, including:

(These are in addition to the Southend Safeguarding Partnership, and their subgroup / task and finish meetings and work plans)

- LeDeR Steering Group
- Case studies and reviews
- Regional Safeguarding Leadership Groups
- A number of SET Safeguarding groups
- Southend against Modern Day Slavery (SAMS)
- Southend Homeless Action Network (SHAN)
- Community Action Group (CAG)
- A number of Health Leadership Forums
- Education Leadership Forums

- A number of community and voluntary sector forums
- Providing free training to the Community and voluntary Sector
- Conferences and training days
- A number of 'abuse type' specific forums
- Education Forums
- Learning and Development Forums

1. We said that we would increase the 'Voice of Southend'

What we have done:

- Both the Adults and Children's Southend Safeguarding Partnership now have members that represent our communities.
- We have a Vice Chair of both Partnership Groups that comes from the Community and Voluntary Sector.
- Business Managers attend community events and community and voluntary sector meetings to highlight the work of the Partnership
- Business Managers attend the community information events run by the Community and voluntary sector
- The Partnership has offered free training to the community and voluntary sector

2. We said that we would consider how we supervise our workforce: and ensure that we all learn from each other.

What we have done:

Supervision has been an ongoing discussion in individual agency assessments, serious case reviews, practice reviews, domestic homicides and adult safeguarding reviews. A senior practitioner workshop identified similarities, differences and where there is potential to work together. There is an appetite for a multiagency reflective process to help move along long standing safeguarding cases, families with repeated needs for safeguarding-multigenerational cases, and high risk cases like those involving harmful sexual behaviour. We continue to work with Partners.



3. We recognised 'Neglect' is an area of abuse that is not understood by all Partners clearly enough

What we have done:

A multi-agency task and finish group was established in January 2020 with a remit to:

- Ensure key stakeholders, including professionals and 'Southenders' are involved in better understanding root causes, presenting issues, and effects. We also want to know how well services and interventions are working together to identify, assess and reduce the prevalence and impact of neglect.
- Change the focus from tackling neglect, to strengths based approach to understanding people's family needs and prevention of escalation at an early stage.
- Looking wider than children's and adults social care, as many of the determinants of neglect stem from socio-economic factors including poverty; carers mental ill-health and substance misuse, as well as basic needs such as housing and access to a range of support services. We will plan improvements to be implemented. Ownership and full engagement across Southend pre-social care involvement is therefore critical to effect change

Part of the initial activities will be to undertake a system wide needs assessment to gather intelligence from schools, health services, social care and other agencies and try and understand more about the prevalence, root causes, services provided and outcomes to inform what we do differently. The task and finish group will ensure this is as quick and proportionate as possible, asking partners and professionals for evidence, views and ideas. A survey is planned to gather the views of professionals.

Originally we had hoped develop our new partnership strategy based by June 2020. However given the impact of the current pandemic, this is likely to be later.

4. Southend Safeguarding Partnership (Adults) SPA: We said that we would review Partners implementation of the 'Making Safeguarding Personal' Agenda

What we have done:

Partners were asked to check their own governance making sure that they have made the appropriate changes as a result of the SET guidelines changes. Partners reported their position to the Audit, Quality & Assurance Group that acted as the critical friend: exploring the implementation of the policy, training and outcomes. It is noteworthy that this work led to the inclusion of a number of questions in the staff survey also reported in in this report.

5. We said that we would be review the provision of safeguarding services in all Partners organisations

What we have done:

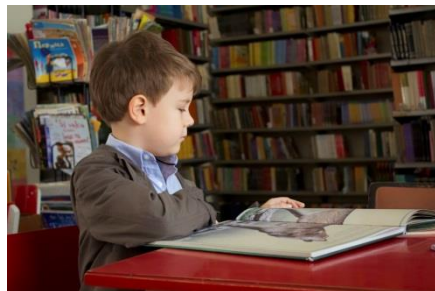
It was noted that whilst there is a requirement for the Children's safeguarding partnership Partners to complete a self-assessment of safeguarding services there is no such requirement for the Adults Safeguarding Partners. The Assessment for Safeguarding provision for Childrens Services is complete, but the analysis of the reports, challenges and resulting actions are not yet complete.

We completed an Adults self-assessment using the same scoring system as the CQC with space for narrative and contextualizing information. The self-assessments were peer reviewed and presented to one of the Partnerships sub groups. An analysis of the outcomes of the self-assessments was also completed and delivered to the Safeguarding Strategy Group.



6. We said we would improve the involvement of the Education Sector in the children's Safeguarding Partnership

What we have done:



Heads, Deputy Heads, and Designated Safeguarding Leads are actively engaging with the quarterly Safeguarding in Schools forum, forming an invaluable link for sharing information, maintaining lines of communication and allowing for robust debate of developing issues.

7. We said that we would deliver against a work plan: The Adults Performance, Audit, Quality and Assurance subgroup delivered against the following objectives:

1. Taking direction from the Executive to commission and then analyse and report on interagency practice audits including case file audits and to recommend potential areas of audit to the Executive.
2. Propose and recommend changes to the SET Safeguarding Adults Policy/Procedures or guidance as a result of findings from audits, to ensure that SET policies and procedures (in relation to safeguarding, staff recruitment, investigations of allegations concerning people who work with adults at risk, DOL Standards and the MCA) are available and used by agencies across Southend.
3. Identify trends and gaps & make recommendations about where to target preventative actions, including training and development, from findings from local audit work and national reports.
4. Receive, discuss and promote problematic safeguarding related issues reported by any of the Partner Agencies for resolution and if necessary escalation to the Safeguarding Adult Board.
5. Identify any emerging risks and report to the Safeguarding Adult Board. To provide a quarterly summary to the Executive of the work of the group and contribute to the annual report. Developing and being responsible for

using the quality and performance management tools for the Audit Quality and Assurance sub-group

6. To produce an annual work programme.
7. To liaise with other safeguarding sub-groups to ensure a joined up and consistent approach to safeguarding ensuring other sub-groups are advised of any implications that require their action.
8. To establish what minimum standards are expected, clarify they are in place and ensure these are reflected in Multiagency practice and contracts.
9. To consider the findings and recommendations of national reports and produce briefing papers for the Board
10. Monitor service user feedback mechanisms within the partner agencies to measure whether their expected outcomes have been met. This will be in accordance with the principles of the Care Act 2014 and Making Safeguard Personal.
11. Review and suggest developments to service user feedback mechanisms for safeguarding processes and prepare reports on findings and recommendations for the Executive.
12. To receive quality assurance reports and be assured that the development of the Mental Capacity Act (MCA) and Deprivation of Liberty (DOL) arrangements across organisations are working effectively alongside safeguarding adult's processes.

8. We said that we would learn from reviews of cases where a child dies or is seriously harmed and abuse or neglect are known or suspected to be a factor in the death.

What we have done:

Their purpose is to identify and implement learning to improve how services work together to safeguard children and they are a statutory requirement.

The Partnership is required by the legislation Working Together 2018 to scrutinise and report on the Partnership arrangements and their effectiveness annually. As the Partnership formally commenced in September 2019 this scrutiny is due September 2020. Part of that process is to include a



record of decisions and actions taken by the partners in the report's period (or planned to be taken) to implement the recommendations of any local and national child safeguarding practice reviews, including any resulting improvements. Therefore a full account of this will be provided in this scrutiny.

Three of the reviews are at their concluding stages. The September 2018 review has been signed off by the Partnership and awaiting the conclusion of police investigations before a decision is made regarding publication. The May 2019 review has been presented virtually to the Partnership April 2020 for final comment and approval. The Essex review again is awaiting approval for final sign off but this has been delayed due to the Covid 19 outbreak.

The Serious case review of April 2018 has been complex due to a number of factors. The overview report also had to be recommissioned and we are now at the stage where a draft version has been sent to Partners for comment and approval. The Child Practice Review group will now be responsible for writing Implementing and monitoring the impact of the resulting action plans. Following rapid reviews and other internal reviews a number of the immediate actions and action plans have been implemented by agencies.

There are a number of emerging cross cutting themes: Harmful sexual behaviours / Neglect / Supervision / Transfer of information

As a result the Partnership is currently engaging in system wide work around neglect, supervision and harmful sexual behaviours. Due to the impact of the current COVID-19 outbreak this work is currently not progressing at the pace envisaged.

9. We said that we would improve the Partnerships response to Child Exploitation

What we have done:

We have an established, regular and well attended meeting of core of professionals from across the partnership that has greatly improved the engagement and work of the group. Through the year the Action Plan has grown to include new items and the thought provoking conversations have led to the group considering the wider contexts and triggers for child exploitation. There has been a renewed focus on how wider services can identify vulnerabilities through Adverse Childhood Experiences and Trauma at a younger age to enable early intervention of those that maybe the most vulnerable to the indicators linked to exploitation.

The Action Plan is closely aligned to both the local and SET wide Violence and Vulnerability agenda's to ensure that there is no duplication in work across the partnership. This remains a very fluid area of work and the landscape with the rise of County Lines is constantly changing however agency participation from across the partnership to address this has been proactive. The National Working Group (NWG) visited the borough on 9th September 2019 to look at our response to Exploitation and our partnership model is to be put forward as a best practice case study.

There has been significant progress across the plan with some key actions such as new Child Exploitation Champions which resulted in 15 existing champions refreshing their training and a further 58 champions being trained. A new data dashboard implemented and partnership conferences in October 2019 and March 2020.

November 2019 saw 22 schools undertaking trauma informed training with the aim of embedding a trauma informed approach in recognising and responding to trauma within these settings.



Taxi driver training licence training has successfully taken place to ensure that drivers recognise the signs of exploitation.

See the signs campaign focused on teenagers (Dec –Jan) with the Odeon cinema playing the campaign trailer. This reached an audience of 60,000 resulting in 600,000 impressions online, over 3,000 visits to the website and 40 reports of intelligence made using the website. There was also a physical campaign of posters.

10. We said that we would review Harmful Sexual Behaviour (HSB)

What we have done:

The Southend Safeguarding Partnership requested a learning and development review of HSB and requested a proposal for a system wide training programme and approach.

As a result the NSPCC Harmful Sexual Behaviour Audit was signed off and commissioned by the Learning & Development Subgroup as part of the insight required to respond to a Local Practice Review and Serious Case Review. The audit was initiated with a partnership event on the 27th January 2020. The audit will be completed by the end of February and a multi-agency action plan will be developed in March.

- Case Learning notes produced from other areas serious case Reviews have been disseminated to partners to share learning and to understand the local position.
- The Southend Safeguarding Partnership continues to work with SET and has been involved in the update of a number of shared policies and protocols.
 - Southend Essex and Thurrock Exploitation and Missing Strategy 2019-2024
 - Missing People Strategy 2019-2024
 - Draft Sexual Violence and abuse strategy (Nov 2019)

- Assurance: section 11 audits and returns have been completed and submitted with no actions arising. The reporting schedule will now change to bi –annual and align with SET . A September 2020 meeting with SET Partners will align the section 11 audit with Essex, Thurrock and Southend. (Children)
- Section 175 Schools Audit completed March 2020. (Children)
- The audit was to seek assurances from Education establishments in Southend that their safeguarding process and procedures are robust and in alignment with Keeping Children Safe in Education 2019. No immediate safeguarding issues were found. Feedback will be given to Individual establishments post Covid19 recovery.

11. We said that we would reflect on Serious Case Reviews

What we have done:

The Southend Safeguarding Partnership has only highlighted one case over the last year that caused Partners to take a detailed review of the circumstances.

We will, over the next period, evaluate the processes that bring to our attention serious cases that might attract a ‘serious case review’; ensuring that the Partnership does not miss the opportunity for learning and continuous improvement.



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Southend 2050 (5 year roadmap)

Includes plans to keep our communities safe and free from harm:

Safe and Well: Public services, voluntary groups, strong community networks and smart technology combine to help people live long and healthy lives. Carefully planned homes and new developments have been designed to support mixed communities and personal independence, whilst access to the great outdoors keeps Southenders physically and mentally well. Effective, joined up enforcement ensures that people feel safe when they're out and high quality care is there for people when they need it.

Active and Involved: Southend-on-Sea has grown, but our sense of togetherness has grown with it. That means there's a culture of serving the community, getting involved and making a difference, whether you're a native or a newcomer, young or old. This is a place where people know and support their neighbours, and where we all share responsibility for where we live. Southend in 2050 is a place that we're all building together – and that's what makes it work for everyone.

During 2019/20 Children's Services continued to focus on improving the quality of practice across all areas. The Children's Services Improvement Plan, which details improvement actions and measures the impact of the actions, was revised to take account of the findings of the July 2019 Ofsted ILACS

inspection. Ofsted judged all areas they inspected to Require Improvement to be good. Within the overall judgement they identified areas of practice they judged to be good, strong and excellent. These areas of strong practice included the safeguarding work of MASH+, MARAT, the LADO, contextual safeguarding, services for care leavers and adoption services. The quality of assessments was found to improve with the quality of pre-birth assessments judged to be an area of strength. The engagement of children and their families was also found to be good.

Progress against the outcome measures in the Improvement Plan is monitored at the Children's Services Improvement Board. The Board is chaired by the leader of the Council and members include the Chief Executive, Executive Director of Children and Public Health, Director of Children's Services, Director of Learning, Independent Chair of SCSP and an Independent Improvement Advisor.

The current areas of particular strength in April 2020 are as follows:

- Strong Political and Corporate commitment, including significant investment since the Ofsted Inspection in the summer of 2019.
- An Improvement Plan and a Financial Recovery Plan to address the significant financial overspends within the CSC budget.
- Good practice on County Lines work recognised at a national level including the 'See the Signs' campaign and the work of Violence and Vulnerability group.
- A strong Adoption Service.
- An ability to respond effectively to emergency situations as evidenced in the response to Covid-19
- A good programme for Newly Qualified Social Workers and a relative stable workforce compared to other LAs.

The completion of the Strategy for Modern Slavery.

Work has been underway with key stakeholders to develop a strategic approach to modern slavery locally including fostering a strong partnership approach, particularly with the voluntary and community sector who are often a central point of contact for potential victims. By early identification and



referral, supporting victims and working with Community Safety partners for disruption activities, we are working hard towards a slavery free Southend.

Current priorities are identified as food, financial support and housing due to the impact of COVID-19. In response, stakeholders agreed and circulated a leaflet for frontline workers to enhance identification and referral with effect from 1 May, whilst strategically reviewing internal procedures to identify gaps in the referral pathway and streamline processes to ensure potential victims receive support in a timely and effective manner. This includes working closely with food distribution hubs, Early Help Family Support and other key partners to provide a wrap-around service to those in need, as well as utilising data and intelligence to develop a robust approach to tackling exploitation at its core.

The creation of the dashboard for Safeguarding across the partnership.

Development of the data platform for Adult Social Care which includes a huge wealth of data available as self-service to adult social care teams and commissioners and new innovative analysis such as the hospital discharge demand forecast and the Residential Care Financial Dashboard (developed in collaboration with Finance).

Development of the safeguarding dashboard for the Adults Safeguarding Executive. Commissioned by the safeguarding board and funded by Southend Borough Council this work has brought together key partners to collaborate on the design, content and functionality of a multi-agency safeguarding intelligence resource in the form of an easily accessible dashboard. This will allow the partnership to have oversight and insight of the effectiveness of safeguarding services across Southend, from a data drive point of view, like never before.

The creation of a social work post to manage the transition process and outcomes for young people under the Violence and Vulnerability agenda.

The social work role commenced in June 2019 for Criminal Exploitation, to work alongside the Assessment and Intervention and Prevention team (AIPT) to support the transition from Children Services to Adults (18-25 years), who

were at risk of Criminal exploitation. The role very quickly expanded to cover other service user groups under the Violence and Vulnerability Agenda. The role is to support those children that have been known to AIPT through their transition to adult hood and to undertake the statutory duties under safeguarding, once the young person reaches 18 years old. The remit of the role supports working with Adults from 18+ who are at risk of Criminal Exploitation; Modern Slavery and who are at risk of or are being cuckooed. These people would ordinarily have no care and support needs so would not fall within adult social care criteria, but generally have other vulnerabilities, which centre around drug and alcohol abuse or mental health issues. Strong working relationships with partner agencies have been secured including: Children's services; the Police; Probation Service; STARS; 360degrees project; and the Modern Slavery Navigator. The social worker has supported a number of young people and adults to move out of the area for fear of repercussions due to gang violence; She has supported other young people at risk of exploitation to prevent this and provide disruption techniques; she has supported a gentleman to be rehoused within the area and to attend a residential rehab programme to promote a sustainable change in his life.

The completion of the policy around Hoarding and the workforce development programme.

Southend Borough Council is working collaboratively with Essex Partnership University NHS Foundation Trust, South Essex Homes and Essex Fire and Rescue Services as well as a range of partner organisations to proactively support adults who hoard. A strategic hoarding panel was established in early 2020. The Panel was planning multi-agency workshop to explore interventions to support people who hoard had confirmed attendance for 85 people was scheduled the week of the lockdown. It has been rescheduled for June 2020.



Protecting and serving Essex

- Essex Police have 100% police participation in strategy meetings.
- Essex Police have greatly improved sharing of information between partner agencies.
- Essex Police have enabled Child Abuse Investigation Team investigators to concentrate on the most serious and significant child protection investigations by retaining ownership of non-crime and low-level criminal investigations.
 - Significant convictions for child sexual abuse offenders, in particular some notable interfamilial abusers.
 - Providing training to officers in the form of CPD by survivors of interfamilial sexual abuse offences.
 - Creation of the team which will investigate organised child sexual abuse gangs.

'Street-Weeks' Proactive multi-agency Safeguarding Engagements

(Deployments current delayed due to Pandemic).

This proactive community engagement model has been endorsed by the 2 SET Adult Safeguarding Boards and Southend Safeguarding Partnership who support/would welcome deployments in their respective areas. The last one was completed in Basildon District at the end of 2019. It's organised by the Essex Police Central Referral Unit (in conjunction with the District Community Policing Team) who manage and coordinate the partnership joint-deployments, complete the research for proactive engagements and coordinate the returns in terms of the activity undertaken. The next was plotted for mid-March 2020 in Grays but has been delayed for obvious

reasons. (There's been 11 Street-Weeks completed in Essex so far, all received excellent feedback around partnership community focus/keeping people safe. Predominately 'Street-Weeks' are proactive engagements covering safeguarding awareness, hidden harm and vulnerability. Once the pandemic lock-down is resolved, Southend District will follow the Grays' deployment at the end of 2020.

Operation Enforce

Operation Enforce Proactively develops intelligence shared at the Multiagency Risk Assessment Conference (MARAC) about any high risk Domestic Abuse (DA) perpetrator. We develop the intelligence and task our proactive DA teams across the force to target those offenders. Information from the MARAC can easily be placed into two categories. Firstly the suspect is wanted and information points to his/her whereabouts. Secondly, information suggests that the suspect is involved in any other criminal activity outside of DA offending, giving the police an opportunity to target the offender as an 'Achilles-heel' tactic. Both should result in the arrest and prosecution of the offender (disruption of their relationship) so as to provide further safeguarding to the victim (breaking the cycle). Since October there have been 37 referrals from the MARAC. 17 have been developed for tasking to proactive teams, 10 have been arrested. 8 of those arrested were wanted at the time of MARAC. 2 of those arrested were arrested on further DA offences and not directly linked to the intelligence provided. What works well is our ability to take a fresh look at those wanted and what actions have been done to locate them. Concerns from the MARAC that someone is either outstanding and the victim is growing concerned can prompt a request to proactive teams to prioritise tracking the suspects down. Whilst this will not always bring about an arrest it no doubt goes to provide some reassurance to those vulnerable victims and enhances safeguarding.



Operation Consider

First force-wide training session (flex training - Webinar) completed 19/2/2020. Further sessions are currently delayed due to pandemic situation. Domestic Violence Protection Notices (DVPN's) and Court issued Domestic Violence Protection Orders (DVPO's) allow officers to act fast to protect victims following an incident. A DVPO can be put in place as an urgent interim measure to help safeguard victims when we have concerns about their welfare. This power is being actively used by Essex Police under Operation Consider, and gives officers the power to protect victims of DA even when they are reluctant or too scared to come forward as a victim. It gives everyone breathing space to consider their options and enables us to offer them the most appropriate support for the future. Domestic abuse cases are rarely straightforward and, even though victims call us for support, they often don't want to press charges. We welcome these prison sentences which are a good example of how DVPO's can be used to prevent serious offences, affording victims protection from abuse from the threat or use of violence, and protect victims from repeat offending. An increase in the use of this power has already been evident in Essex since the launch of Operation Consider in February 2020 and we will continue to ensure first responding police officers 'consider' every possible option without having to rely on third parties to progress a case'. 'These cases demonstrate very clearly that Domestic Abuse will not be tolerated in our county and that we will take firm action to ensure that perpetrators abide by the terms of DVPN's and DVPOs'.



Safeguarding Children, Young People and Adults at Risk in the NHS: Safeguarding Accountability and Assurance Framework (SAAF) sets out clearly the safeguarding roles and responsibilities of all individuals working in providers of NHS funded care settings and NHS commissioning organisations. Fundamentally, it is the responsibility of the CCG to ensure that the principles and duties of safeguarding children, (including those who are looked after) and adults are holistically, consistently and conscientiously at the heart of what we do. Safeguarding adults and children is an overarching principle of the CCG Quality Strategy, and as such, the protection of vulnerable children and adults from abuse and neglect is integral to delivering health and wellbeing, and a core component of all commissioning functions.

The safeguarding agenda nationally and locally remains complex. Nonetheless, during 2019/20 the CCGs, as one of the three statutory partners, has contributed to the formation of the new child safeguarding partnership arrangements and across this fast-changing landscape, and has continued to champion and influence the protection of our most vulnerable children and adults both at a strategic and a frontline practice level across the health economy and the wider system partners.

Highlighted areas for 2019/20:

- The Chief Nurse led the Health Executive Forum which brings together all the health agency executive safeguarding children/adult leads from across Essex. Active participation in local, regional and national safeguarding networks.
- Strengthening the good working relationships with health services and partners to foster a culture of openness and transparency and worked in partnership to improve and build on responses in safeguarding.

- strengthening safeguarding arrangements in primary care through the delivery of relevant safeguarding training at level 3, the provisions of bespoke safeguarding lunch and learn sessions and primary care safeguarding forums.
- Influencing the commissioning and contractual process in relation to providers safeguarding arrangements.
- Holding providers and senior leaders to account where there have been risks identified across the system through the SAAF in order to assure quality safeguarding systems and practice.
- Supporting all strategic partnerships to deliver multi agency action plans to respond to Contextual Safeguarding to increase identification, the management of risks, and the development of protective responses for those children and vulnerable adults at risk of criminal and sexual exploitation.
- ⁴⁷Relaunching the SET Domestic Abuse Health Sub Group and raised awareness of domestic abuse and violence across Primary Care via safeguarding forums and mobile platforms. Bringing together health commissioning and provider services to develop initiatives to improve the recognition and response to domestic abuse.
- Successfully bid to NHSE for monies to deliver conferences relating to the specific needs of unaccompanied asylum-seeking children and young people.
- Supporting strategic PREVENT delivery plans, driving forward awareness and WRAP training compliance. Supporting information sharing with Channel Panels to assess and safeguard those vulnerable to radicalisation.
- Having strategic oversight of the Emotional Wellbeing and Mental Health Services for Children and Young People to ensure effective arrangements for the delivery of the service and support the agenda to reduce self-harm and prevent suicide.

To future-proof arrangements consideration needs to be given to the delivery of safeguarding statutory functions within the new commissioning framework as the NHS commissioning and provider organisations evolve. A collective clear vision must be underpinned by the need to maintain the principle of paramountcy of the needs of children and the fundamental principles of safeguarding adults and personalised care in all areas of healthcare.

Safeguarding Priorities for 2020/21 include:

- Commissioning (alongside other CCGs) an Essex wide independent review of safeguarding arrangements to ensure that going forward:
 - The safeguarding model for health is relevant, robust and fit for purpose
 - Health strategic leadership and clinical expertise is integral within SET multi agency safeguarding arrangements for adults and children
 - The Health contribution to the safeguarding agenda is evidence based and focused on impact and outcomes.
 - Work with CCG/PCNs/ MESTP to ensure safeguarding of children and adults is integral to all systems and individual responsibilities are clearly understood
 - Oversight of the implementation of the Intercollegiate Document requirements for safeguarding adults across all local health care providers.
 - Continuing to embed the principles of the Mental Capacity Act and forward plan for the implementation of the new Safeguarding Liberty Protections in practice for all young people aged 16/17 years and adults living in the community in receipt of NHS Funded Care Services
 - Creating and supporting a culture of learning and quality practice through training and through audit of the embedding of lessons learnt from safeguarding reviews for both children and adults.
 - Engaging with initiatives on improving statutory timescales within the initial health assessment requirement to improve the health outcomes for children looked after and care leavers.
 - Focusing on improving Care Leavers health outcomes and ensuring that transition into adult services is robust.
 - The full safeguarding children/adult annual report was submitted to the QFP on the 12th September 2019.
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