

PEOPLE SCRUTINY COMMITTEE

MINUTES of a meeting of the People Scrutiny Committee held at Council Chamber, County Hall, Lewes on 18 November 2021.

PRESENT Councillor Johanna Howell (Chair) Councillors Sam Adeniji, Charles Clark, Penny di Cara, Chris Dowling, Kathryn Field, Nuala Geary, Stephen Shing, John Ungar (Vice Chair), Trevor Webb and Nicola Boulter (Parent Governor Representative).

LEAD MEMBERS Councillors Bob Bowdler, Carl Maynard and Bob Standley

ALSO PRESENT Mark Stainton, Director of Adult Social Care
Alison Jeffery, Director of Children's Services
Ian Gutsell, Chief Finance Officer
Tom Hook, Assistant Director for Planning, Performance and Engagement Division
Liz Rugg, Assistant Director, Early Help and Social Care
Nathan Caine, Head of Inclusion, Special Educational Needs and Disability
Kaveri Sharma, Equality and Engagement Manager
Reg Hooke, Independent Chair of the East Sussex Safeguarding Children Partnership
Douglas Sinclair, Head of Children's Safeguards & Quality Assurance
Beth McGhee, Senior Policy and Scrutiny Adviser

17. MINUTES OF THE PREVIOUS MEETING HELD ON 16TH SEPTEMBER 2021

17.1 The Committee RESOLVED to agree the minutes of the meeting held on 16 September 2021 as a correct record and agree the recommendations made at the meeting.

18. APOLOGIES FOR ABSENCE

18.1 Apologies for absence were received from Councillor Wendy Maples, Trevor Cristin (Diocese of Chichester Representative) and Simon Parr (Roman Catholic Diocese Representative).

19. DISCLOSURES OF INTERESTS

19.1 There were no disclosures of interests.

20. URGENT ITEMS

20.1 There were no urgent items.

21. ACTIVEMOB UPDATE

21.1 The report was introduced by the Assistant Director for Planning, Performance and Engagement Division. The Assistant Director explained that the report outlined the findings of research undertaken in response to a recommendation of a previous People Scrutiny Committee review of Adult Social Care (ASC) Information and Signposting, which had recommended the Department undertake additional engagement with an independent organisation to gain better insight into how well-informed people in East Sussex felt about social care support and funding arrangements. Activmob Community Interest Company (CIC) were asked to undertake the engagement exercise and the original objectives of the research were adapted in the COVID-19 pandemic so that a first phase looked at ASC clients' and staff experience of the first lockdown in 2020; how ASC had communicated with clients; and whether there was any learning to improve communication in anticipated future lockdowns. The second phase focussed on residents' and partner Voluntary, Community and Social Enterprise (VCSE) organisations' understanding of ASC. The key findings from the research were outlined in section 2 of the report. Actions the Department had taken following the research findings and recommendations were outlined in section 3 of the report.

21.2 The Committee welcomed the update from the Department and discussed the report. This covered:

- **Timing and content of communication on ASC services** – the Committee welcomed steps being taken to improve communication and suggested the Department consider whether information on ASC services was always provided at the most optimal time. For example, the Committee suggested the Department could review whether it was optimal to provide lots of information about ASC services to people when they were in hospital and potentially coming to terms with a significant change to their health or lifestyle. The Committee also suggested information on ASC services could, in some circumstances, more helpfully be provided to people before they were admitted to hospital if they were expected to require support from ASC services afterwards. The Committee also emphasised the importance of the information provided being as simple as possible. The Assistant Director agreed that timing of provision of information was an important consideration and committed to incorporate the Committee's feedback into the Department's future work on ASC communications. Leaflets were provided in hospital in response to feedback that people wanted to know about the options available to them at the time they needed to start considering their future care needs and once received, they could be read and digested at a suitable future time. The Director of Adult Social Care also noted that one of the benefits of the Discharge to Assess model was that it assisted people to process information and make decisions about their future care arrangements outside of hospital.

- **Health inequalities** – the Committee noted that the previous People Scrutiny Committee had looked at the disproportionate impact of the pandemic on the Black, Asian and Minority Ethnic (BAME) community; and sought assurance that the work taking place to improve communication and engagement was building on improved understanding and awareness of health inequalities. The Assistant Director confirmed that the Department was undertaking an ambitious 18-month project with VCSE and health partners to understand more about health inequalities, why they existed and what could be done in response. The work to develop a broader Community Engagement Strategy for the Department would also ensure the Department connected and engaged with different communities in East Sussex. The Committee supported the Department's continued work in this area.
- **Research sample sizes and demographics** - in response to a question about the sample sizes of the research conducted, the Assistant Director clarified that the sample size for the first phase of research was 40, and 47 for the second phase. The samples were small because the style of research undertaken involved focussed and in-depth conversations on peoples' experiences of COVID-19 and ASC services. In response to a question about the demographics represented in the research samples, the Equality and Engagement Manager confirmed that, with awareness of the disproportionate impact the pandemic had had on some communities, the project group took steps to ensure the second phase of the research was representative of a range of demographics. Just over 21% of respondents in phase 2 of the research were from ethnic minority backgrounds as a result; and different age groups, abilities and areas of East Sussex were also represented.
- **Measuring impact** – in response to a question about how the Department would measure the impact and effectiveness of the work planned, the Assistant Director explained that the Department undertook regular surveys of ASC clients and would monitor the feedback from those to determine if responses indicated communications had improved. In response to another question on how the aim to reach 13,000 clients through the contact strategy was identified, the Assistant Director explained that those people were identified as ASC's core client group that needed to be contacted immediately following the outcomes of the first phase of research to ensure they were well-informed about ASC's support offer in future lockdowns; and confirmed that the vast majority of that group were reached by phone or letter.
- **Further information on operational staff feedback** – the Committee noted that one of the findings from operational staff interviews undertaken in the first phase of research was that while a core service had continued in lockdown, some groups had been missed. The Committee requested further information on this and the Department committed to provide a written answer to the Committee.
- **Differentiating service providers** – the Committee considered ways to differentiate NHS and County Council services to help residents understand which services were provided and funded by which parts of the health and social care system. The Assistant Director acknowledged that while research had shown understanding of this could be improved, ESCC's primary focus would need to be on ensuring residents received a good quality of joined up care within that system, rather than differentiating providers.
- **Community Link Officers** – in response to a question it was clarified that Community Link Officer roles were no longer provided, but the Department was undertaking work with the VCSE sector to look at how links with the sector could be best utilised to engage with communities. The Department recognised that the VCSE sector were integrated in communities in a way the Council was not and had worked throughout the pandemic to utilise their networks and connections as result (e.g. through channelling COVID support grants through VCSE groups).

- **Staff wellbeing** – in response to a question regarding staff wellbeing, the Director of ASC noted that staff across the health and social care system had worked exceptionally hard in very challenging conditions throughout the pandemic, and were now very tired as a result. The Director also confirmed that there were a wide range of wellbeing arrangements in place to support ESCC social care staff, including stress risk assessments.
- **Calculating personal budgets** – in response to a question about understanding resource allocation, the Director clarified that ASC used a resource allocation system to ensure that people with similar needs were provided with a similar personal budget to meet their needs. Although this resource allocation system used a formula to maintain fairness, this could be overwritten and there was a level of scrutiny of, and intervention in, the outcomes of this process to ensure that individuals' budgets were tailored to their individual needs.

21.3 The Committee RESOLVED to note the update.

22. RECONCILING POLICY, PERFORMANCE AND RESOURCES (RPPR)

22.1 The Chair introduced the item, setting out that the report was the next stage of the Committee's engagement in the annual RPPR process and noting that the Committee was asked to consider if any further work or information was required to aid the Committee's December RPPR Board. The Director of Adult Social Care and Chief Finance Officer then introduced the report which set out the Council's latest policy and financial position in planning for the 2022/23 financial year.

22.2 Further guidance on the national ASC reforms announced in September (introducing a lifetime cap on personal care costs and more generous means-test for local authority financial support) had been published. The Director of Adult Social Care gave a verbal update to the Committee on the further detail provided, which covered:

- Social care allowances - from April 2022, the Minimum Income Guarantee for those receiving care in their own homes and the Personal Expenses Allowance for care home residents would be un-frozen and rise in line with inflation. Effectively, this would mean that people would need to contribute slightly less to the cost of their care.
- Daily Living Costs – the lifetime cap on personal care costs would not cover Daily Living Costs for people in care homes. For simplicity, Daily Living Costs would be set at a national, notional £200 per week. The ASC Department had some concerns this rate did not truly reflect living costs (a national proposal in 2015 had suggested this figure should be £230 per week) and could, as a result, increase the proportion of care home fees local authorities would need to resource.
- Cap implementation –
 - from October 2023, anyone assessed by a local authority as having eligible care needs would begin to progress towards the £86,000 lifetime care cap. For each person with eligible needs, the local authority must provide either a personal budget, where the local authority would meet the person's needs, or an independent personal budget (IPB), where the individual would arrange their own care. The personal budget would set out the cost to the local authority of the care they had arranged, whereas the IPB would set out what it would have cost the local authority to meet the person's needs. In order to do this, every local authority would need to determine affordable care rates for their area. This also

meant that, in practice, people being assessed for care in an area with high care rates would reach the care cap much faster than areas with lower rates.

- Local authorities would be required to set up care accounts to track individuals' progress towards the care cap, with guidance placing the legal responsibility on local authorities to tell people when they had reached the cap. This made it vital for ESCC to ensure that there was a robust system in place for tracking personal care costs and informing people when they reached the cap.

22.3 The Director and Chief Finance Officer concluded that, on initial assessment, the further detail provided indicated that the reforms would result in potential resource challenges for ESCC. It was uncertain whether the funding allocated to implement the reforms (£3.6bn grant funding nationally over the next three years – with £200m allocated in 2022/23, £1.4bn in 2023/24 and £2bn in 2024/25) would be sufficient to cover the new duties set out, as detailed allocations to individual authorities were awaited, and the broader resourcing requirements needed to implement the reforms were also uncertain.

22.4 The Chief Finance Officer then provided a verbal update on announcements made in the Comprehensive Spending Review (CSR) and Autumn Budget. This covered that £4.8bn additional funding for local government had been announced, which was expected to be allocated as £1.6bn per year over the next three years, with individual authorities' allocations still to be determined. Additional funding has also been announced to support children's services nationally and for Special Education Needs and Disability (SEND) provision. The implications for ESCC of the range of funding announced would be clearer once the provisional Local Government Finance Settlement was provided closer to Christmas. The referendum limit for Council Tax would be maintained at 2% and a 1% ASC Levy had been announced for each year of the CSR period.

22.5 The Chief Finance Officer also provided a verbal update on COVID funding and pressures. For the 2021/22 financial year the Council had been allocated just short of £70m to spend on COVID-related activity and pressures and the Council was awaiting clarity on whether some of this grant funding could be carried forward to meet pressures in future years. A proportion of COVID funding was being spent on ASC services, but growth and demography pressures had not had to be captured in the 2021/22 budget, or in 2022/23, as a sad consequence of the high death rate during the pandemic. Funding for growth and demography pressures in ASC was expected to be required in future years. In Children's Social Care, COVID funding had supported an additional £3.4m in the budget in 2021/22 to cover pressures arising from the increasing cost of care packages during the pandemic. This pressure would need to be factored into the 2022/23 budget again and further modelling was required to understand the long-term impact of COVID on children's services to ensure that sufficient funding was being allocated to meet need.

22.6 The Committee then discussed the report and the updates from the Director and Chief Finance Officer, which covered:

- **Funding announcements and allocations** – the Committee asked if it was still expected that Government would provide a three-year finance settlement for local government alongside the three-year CSR, noting that the last-minute nature of funding announcements and repeated one-year finance settlements in recent years had made it difficult for ESCC to plan its budgets. The Chief Finance Officer answered that the CSR had provided indicative funding levels for local government for the 2022/23-2024/25 period, but not allocations for local government for each financial year. Councils were therefore expecting to receive one-year grant allocations for 2022/23, with only an indication of funding for future years. The Committee also commented that Government's expectation that local authorities would use

the ASC precept to fund increasing demand for ASC services was an unsatisfactory solution for residents.

- **Savings plans** – the Committee raised concerns about the potential impact of planned reductions to the stock fund of the libraries service on older people who may be less able to access the eBooks online. It was requested that the Committee consider the equalities impact of this in the next stage of the RPPR process. It was also requested that consideration should be given to using income raised from the increase in on-street parking charges to increase the number of Civil Parking Enforcement officers around schools. (Post-Committee note: these issues were referred to the Chair of the Place Scrutiny Committee for consideration through the Place RPPR Board). The Committee also requested that further options were explored to alleviate the need for planned savings in Children’s Services.
- **Lobbying** – in response to a question from the Committee about what lobbying was taking place to ensure Government understood the important role ASC services played and the associated benefits to health services of ASC being appropriately funded, the Director of ASC confirmed that lobbying took place nationally through the Association of Directors of Adult Social Services and the Local Government Association. This lobbying emphasised that given national demographic changes, the pressures on the health and social care workforce and the impact of COVID, it was vitally important that both health and social care services were appropriately funded. It was also noted that locally, NHS colleagues actively helped ESCC make the case to Government for social care services to receive adequate funding in order for the system to provide high quality, integrated services.
- **Cost of ASC reforms** – in response to a question from the Committee, the Director clarified that although initial assessments suggested ASC reforms would result in new cost pressures for the Council, further detailed assessment of the impact was required. This included undertaking complex work to estimate the increased number of people that may contact the Council for support, the cost of the support they would require and the impact on the care market. Further information would be provided to the Committee on the impact when it was available.
- **Attendance Allowance** – the Committee asked for further information to be provided, when available, on how attendance allowance would be classified in the new ASC charging arrangements.

22.7 The Committee RESOLVED to note the update.

23. WORK PROGRAMME

23.1 The Chair introduced the Committee’s Work Programme which had been fully refreshed following a recent work planning awayday where new priority areas of work for the Committee had been collectively identified. The Chair confirmed that since the work programme had been circulated, meeting dates had been set for the next meeting of the Loneliness and Resilience Reference Group, for a presentation to the Committee on ESCC’s work on Domestic Abuse and Violence and Against Women and Girls, and for the People Scrutiny RPPR Board. As a number of meetings and range of scrutiny work was planned in December, the Chair proposed that the next meeting of the Health and Social Care Integration Programme (HASCIP) Reference Group take place in the new year, rather than December.

23.2 The Committee RESOLVED to:

- agree the Committee's refreshed work programme;
- hold the next meeting of the HASCIP reference group in early 2022;
- progress scrutiny reviews on School Attendance and Adult Social Care Workforce Challenges to the scoping stage;
- appoint Cllrs Ungar, Webb and Geary to the Scoping Board of the Review of Adult Social Care Workforce challenges; and
- appoint Nicola Boulter, Parent Governor Representative and Cllr Sam Adeniji to the Scoping Board of the Review of School Attendance. (Post-Committee note: Cllrs Howell, di Cara and Field were also appointed to the Scoping Board of the Review of School Attendance).

24. EAST SUSSEX SAFEGUARDING CHILDREN PARTNERSHIP (ESSCP) ANNUAL REPORT

24.1 Reg Hooke (Independent Chair of the East Sussex Safeguarding Children Partnership) introduced the report, which was the first report of a full year of the new safeguarding partnership arrangements and the Chair's eighth and final report to the Committee before standing down. In introducing the report, the Independent Chair highlighted:

- The report had been formatted using a new template which was being adopted nationally and focussed on the impact of partnership activity across its four priority areas (education safeguarding, child exploitation, embedding a learning culture and safeguarding under 5s); use of evidence; assurance undertaken by the partnership; and learning.
- COVID impact – the COVID pandemic had created challenges for safeguarding children; through lockdowns and school closures reducing child visibility, a shortage of health visitors, and safeguarding visits having to be made remotely. The ESSCP was now seeing these challenges factor into cases being referred for case review.
- Particularly positive and innovative work the ESSCP had undertaken in the past year, included:
 - establishing a pathway for information sharing between A&E and secondary schools when children attended A&E due to self-harm, so that schools were informed and could provide additional support;
 - establishing a task and finish group on Elective Home Education to ensure multi-agency processes were working as effectively as possible to identify children most at risk and potential intervention methods; and
 - undertaking work, under the partnership's education safeguarding priority, on peer-on-peer sexual abuse.
- The ESSCP had conducted a review of its partnership arrangements which had been largely positive in its findings, but identified some areas for development. These were to continue to develop the partnership's relationship with adult services; to continue to expand opportunities for the partnership to hear the voice of children in all its work; and to expand representation on the partnership Board to include all relevant partners.
- The partnership had particular concerns about the risks faced by very young children; children in families with domestic violence; and vulnerable children being drawn into criminal and sexual exploitation. These would continue to be areas of focus for the ESSCP's future work.

24.2 The Committee welcomed the report and the new format. In discussion, the following points were raised:

- **Elective Home Education (EHE)** – the Committee welcomed the partnership’s work on safeguarding of EHE children, as it had been identified as an area of concern for the Committee; and would welcome further information on this work and its impacts in the next update to the Committee.
- **Child Mental Health** – the Committee noted the concerning number of children attending A&E due to self-harm and the number of referrals to Child and Adolescent Mental Health Services (CAMHS); and asked whether the new integrated working arrangements to share incidences of self-harm between A&E and schools was expected to reduce these figures in future years. The Independent Chair did not expect that these numbers would reduce in the very short term, as the considerable challenges facing children and young people, from COVID and other societal pressures, had to be recognised. It was therefore important for the partnership and all agencies involved to monitor these incidences closely, understand what was driving them and ensure appropriate support was in place, which the new information sharing arrangements supported.
- **Safeguarding context figures** – in response to a discussion of other figures set out in the safeguarding context part of the report, the Independent Chair noted that while the partnership undertook work to scrutinise incidences of harm or exploitation of children to understand why they had happened and identify learning to prevent them happening again wherever possible; the reality was that the circumstances of some vulnerable children and complex challenges in families meant these incidences would continue. Constant work was therefore required by the ESSCP and its member agencies to ensure agencies were working well together to prevent and learn from such incidences, and respond to new challenges and risks in child safeguarding. The Independent Chair also noted that it was most useful to consider the trajectory of the figures set out in the safeguarding context of the report, to determine the impact safeguarding work was having; and the Committee requested that the partnership’s next update present these figures in the context of their trajectory over time.
- **Prevention of child harm** – the Committee asked for further information on practical steps being taken to prevent incidences of child harm, including self-harm. The Independent Chair clarified that the role of the ESSCP board was to oversee the work of safeguarding agencies and coordinate how they worked together to ensure they were doing so effectively. The partnership oversaw the referrals process to CAMHS and were concerned about the capacity of those services to meet demand and intervene earlier. The partnership had had assurance that the health service intended to increase capacity and provide support earlier but this was expected to be challenging to deliver. The Director of Children’s Services added that there was recognition of the need to increase capacity in CAMHS nationally and funding had been provided to do so. The Director also provided assurance to the Committee that work was taking place with partners to better support children and young people’s mental health and prevent escalation of problems. This included work in schools to support children at high risk; and with health, to map services seeking to support children to inform the development of a strategy to ensure this work was focussed and well-coordinated.
- **Unaccompanied Asylum Seeking Children (UASC)** – the Committee raised concerns about UASC children disappearing following their arrival in the country and asked that the Children’s Services Department and ESSCP prioritise work to safeguard children in this area. In response the Director confirmed that, as with the case of any missing child, the Department worked closely with the police to identify and trace missing UASC. It was also

confirmed that the Committee had received a written briefing on the Department's practices and protocols around identifying missing UASC.

24.3 The Committee RESOLVED to note the report and thanked the Independent Chair for their work and updates to the Committee over the years they had been Chair of child safeguarding partnership arrangements in East Sussex.

The meeting ended at 12.07 pm.

Councillor Johanna Howell (Chair)