

People and Families Scrutiny Committee

10:30	Thursday, 21 May 2015	Latton Bush Centre, Harlow,
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Quorum: 4**Membership**

Councillor I Grundy
Councillor D Blackwell
Councillor R Boyce
Councillor J Chandler
Councillor M Danvers
Councillor K Gibbs
Councillor A Goggin
Councillor C Guglielmi
Councillor T Higgins
Councillor P Honeywood
Councillor R Howard
Councillor A Jackson
Councillor M McEwen
Councillor C Seagers

Chairman

Non-elected Members

Richard Carson
Marian Uzzell

For information about the meeting please ask for:

Robert Fox, Scrutiny Officer

Matthew Waldie, Committee Officer

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www.essex.gov.uk/scrutiny



Essex County Council

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Part 1

(During consideration of these items the meeting is likely to be open to the press and public)

		Pages
1	Apologies and Substitution Notices The Clerk to report receipt (if any)	
2	Declarations of Interest To note any declarations of interest to be made by Members in accordance with the Members' Code of Conduct	
3	Minutes of previous meeting To approve the minutes of the meeting held on Thursday 12 March 2015.	5 - 12
4	Questions from the Public A period of up to 15 minutes will be allowed for members of the public to ask questions or make representations on any item on the agenda for this meeting. On arrival, and before the start of the meeting, please register with the Committee Officer.	
5	Community Agent Essex Scheme To receive a report on the Community Agent Essex Scheme. Cllr Anne Brown, Cabinet Member for Communities and Healthy Living, Sharon Longworth, Head of Commissioning Vulnerable People, and Helen Gilbert, Senior Commissioning Delivery Officer, Commissioning Support, will be in attendance. Report PAF/11/15 attached.	13 - 20
6	People and Families Scrutiny Committee work programme, 2015-16 To approve the scoping documents for the Committee work programme. Scoping documents to follow.	
7	Updates from Task & Finish Groups To receive oral updates from the chairmen of active Task & Finish Groups, as appropriate.	
8	Date of Next Meeting To note that the next meeting of the Committee will be held on Thursday 9 July 2015 at 10.00am.	

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Urgent Business

To consider any matter which in the opinion of the Chairman should be considered in public by reason of special circumstances (to be specified) as a matter of urgency.

Exempt Items

(During consideration of these items the meeting is not likely to be open to the press and public)

To consider whether the press and public should be excluded from the meeting during consideration of an agenda item on the grounds that it involves the likely disclosure of exempt information as specified in Part I of Schedule 12A of the Local Government Act 1972 or it being confidential for the purposes of Section 100A(2) of that Act.

In each case, Members are asked to decide whether, in all the circumstances, the public interest in maintaining the exemption (and discussing the matter in private) outweighs the public interest in disclosing the information.

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Urgent Exempt Business

To consider in private any other matter which in the opinion of the Chairman should be considered by reason of special circumstances (to be specified) as a matter of urgency.

MINUTES OF A MEETING OF THE PEOPLE AND FAMILIES SCRUTINY
COMMITTEE HELD AT COUNTY HALL, CHELMSFORD, ON THURSDAY 12 MARCH
2015

County Councillors:

* I Grundy (Chairman)

* D Blackwell

* R Boyce

* J Chandler

* M Danvers

* K Gibbs

* A Goggin

* C Guglielmi

T Higgins

* P Honeywood

* R Howard

* A Jackson

M McEwen

* C Seagers

* J Whitehouse

Non-Elected Voting Members:

* Mr R Carson

Ms M Uzzell

*present

The following Member was also present:

Councillor K Bobbin

Item 6

The following officers were present in support throughout the meeting:

Robert Fox

Scrutiny Officer

Matthew Waldie

Committee Officer

The meeting opened at 10.00 am.

1. Apologies and Substitutions

The Chairman reported the receipt of the following apologies:

Apologies	Substitutes
Cllr T Higgins	Cllr J Whitehouse
Cllr A Jackson	

2. Declarations of Interest

There were no new declarations of interest.

3. Minutes of previous meeting

The minutes of the People and Families Scrutiny Committee meeting of 15 January 2015 were approved and signed by the Chairman.

4. Questions from the Public

There were no questions registered from Members of the Public.

5. The Care Act

Members received Report PAF/05/15, which had been considered by the Cabinet on 16 December 2014. The Chairman welcomed Cllr Dick Madden, Cabinet Member for Adults and Children, Cllr Anne Brown, Cabinet Member for Communities and Healthy Living, James Bullion, Director for Adult Operations, and William Snagge, Director of Strategic Development and Delivery, Essex Coalition of Disabled People.

Mr Bullion gave a brief presentation, highlighting certain elements.

Approximately half of those meeting the eligibility criteria for receiving adult social care come from the community, the other half from hospitals. And a proportion of people from the community would be children who continued through childhood and into adulthood with social care needs.

The Act does not fundamentally change the way in which the care system works; however, it is built around a modern interpretation of wellbeing. Some major features:

- It puts carers on the same legal footing as those they care for
- It puts prevention on a statutory footing (ie it becomes mandatory)
- It creates a legal basis for personal budgets and choice
- It creates a cap on costs of £72,000 on top of a £118,000 capital threshold, and deferred payment is possible
- Eligibility is national, and aid is portable, but there is a flexibility that allows for local situations to be taken into consideration
- Social workers have more power to ensure people receive the best provision
- New protections are in place to ensure individuals receive appropriate care.

Most features are effective from April 2015, but the extended means test, capped charging system and the care accounts have been deferred until April 2016. As for managing individuals' money, anyone using the facilities will be offered a Council Agreement, to register how much is paid out.

Financially, the changes represent a significant change in approach and so present quite a challenge to the authority.

There are three themes:

- i. Workforce & Practice. The workforce itself is an extended one, including all those who engage with the care industry. A cultural shift is required, enabling people to live their own lives, bringing in carers as well.
- ii. Culture Change & Integration. Those working for the Council are enablers rather than experts, helping people to make their own decisions and individual plans about their own lives. And Integration extends beyond

- health and social care, to involving the community itself. These are significant changes in approach.
- iii. Market. There is an emphasis on the customers, who will have choice and control. For the County Council, half of the work is assessing the situation – working with GPs and relevant parties – and the other half is the provision of suitable care. There is no direct simple correlation between the quality of care and the cost. However, there is a direct relationship between the quality of management and the quality of care.
 - iv. Demand Avoidance. Encouraging people to have greater resilience, reducing their demands on the care system and so allowing better targeting and use of resources.
 - v. Expectations. In times of austerity these must change, but this need not be a negative outcome. People will be encouraged to help themselves, which can in itself have a positive impact.
 - vi. Sustainability. This needs good leadership and management to make all these elements come together and work.

Cllr Madden confirmed that Members will receive periodic briefings to keep them informed of developments. He pointed out that “What can we do for you?” will be the mantra for those working in adult care, as it has been in children’s.

Members then received responses to a number of issues they raised.

IT will be a key factor in the success of this. Mosaic is being introduced in April, which has the capability of linking with the NHS systems. County uses the NHS number on its system, which is very important.

If someone is assessed and not found eligible for care, Essex still has a duty to offer information and guidance on organising their own care. This might include putting them in touch with a voluntary organisation.

Approximately 2000 people have accounts, and most of these have a “fully managed service,” where the patients themselves do not control the spending. At present, almost £1,000,000 is returned to the Council each year, as unused funds.

The Act does not specify a minimum time for patients to be seen, but the hospital set these and the Council can be fined if it does not meet the standard. Patients should normally be assessed within 48 hours of discharge from hospital; in reality, these range from within 4 hours (for urgent cases) to a week, although more complex cases can go beyond a month for all work to be completed.

As quality commissioners, Essex should define the standard of care provided, and these are written into the specifications. With regard to the minimum standards of pay, for example, of those providing the care, Essex is one of a range of purchasers and so is not in a strong position to directly influence how

the whole market acts. There is however a best practice that the Council follows. The level of care expected is defined, and there is a team engaged in review of services, to ensure appropriate levels of care. The system for Members' visits is currently under review and a new process will be put in place after April.

Regarding the assessment of an individual's capital situation, if there is a spouse remaining at home, then the house will not be included in the assessment, but if there is nobody remaining, then everything will usually be taken into consideration. The authority is also able to access previous financial transactions to see if efforts have been made to dispose of capital. Many of the details of how this part of the process will be accomplished have yet to be worked out.

With regard to the £72,000 cap on costs, this refers to the cost of care and so does not include 'hotel' costs. The average length of stay of a person varies: in residential care 2.4 years is typical and 18 months typical in nursing care.

There may be social pressure exerted on family, neighbours and/or friends to look after someone who really needs residential care. This is very current issue that is being considered carefully and, again, details remain to be worked out. In some locations, there are community agents in place to monitor the situation, and efforts are being made to engage other parties such as the police and fire brigade, to see how this can best be approached. It is certainly true that the work already done by families and friends is immense and is important in releasing resources to assist others. Without it, social services would be stretched to the limit.

The Government's view is that people should be encouraged to take out some kind of insurance product to cover the cost of their future care – but this seems a challenge for it to happen in large measure in the foreseeable future. The Act makes demands on the local authority to provide care, but it is as yet unclear where the money will come from. The Government has promised extra funding initially, and Essex has a balanced book for this coming year. But in 2016/17, Essex believes there will be a £40 million shortfall, and this is an issue very much under scrutiny at the moment.

Getting the message across to people, that change is imminent, will be a challenge, and is under active planning. As well as advice and support from the Council, people will be encouraged to look to their own resources more in terms of how individuals can help themselves, within their own families and communities. The voluntary sector and the internet, social media, etc, represent two channels that are critical in making people aware of these changes and in making the new system work.

Maintaining personal dignity will be a very large element of the arrangements. Essex believes this to be important and it wishes to ensure that it does not just achieve the minimal requirements of the Act but does so fully.

The Chairman thanked Cllrs Madden and Brown, Mr Bullion and Mr Snagge for their contributions and suggested that the Committee should revisit this in 2016, to monitor progress and to see how the detailed changes of the second phase would be implemented.

6. Educational Attainment Data for Essex

Members received Report PAF/05/15, providing an overview of 2014 educational achievement in Essex, with an Annex providing detailed data. The Chairman welcomed Cllr Ray Gooding, Cabinet Member for Education and Lifelong Learning, Chris Kiernan, Interim Director of Commissioning: Education and Lifelong Learning, Clare Kershaw, Head of Commissioning: Education and Lifelong Learning, Pippa Shukla, Lead Strategic Commissioner – Pupil and School Intelligence, and Huw Jones, Senior Analyst, Performance and Business Intelligence.

Cllr Gooding, introducing the item, reminded Members that the paper represented a snapshot of the situation at a particular moment, and that figures are constantly changing.

Mr Kiernan reminded Members that Essex had received £2 million of dedicated schools grant for the improvement of schools, to which the County Council had added a further £1 million. He then drew attention to certain results.

In Primary schools:

- Overall, for EYFS, Phonics, KS1 & 2 in reading writing and maths, percentages are up on 2013 within every measure; and the Essex performance is equal to or better than the East of England results in every measure but one, and is equal to or better than England results in only two measures.
- Within EYFS, Essex is at or above national average levels in all areas of learning
- KS2 attainment at Level 4+ in reading, writing and maths combined reached its highest level in 2014, on a par with the national average
- Regarding Progress from KS1 to KS2: in reading Essex is level with the national average rate; in both writing and maths Essex is below the national average, but it is diminishing the gap in both areas.

In Secondary schools:

- With regard to attainment at KS4, changes in the way the figures are calculated make comparisons with previous years inappropriate, but Essex schools have maintained their position relative to the national average
- Regarding progress from KS2 to KS4: great improvement has been shown in English, with Essex climbing above the national average, rising from 101st nationally in 2012, to 67th; in maths, in which Essex has been strong historically, its position dropped to 77th and the national average level.

For disadvantaged pupils:

- At KS2 level, the gap has lessened considerably over the past two years, now running at the national average level

- At KS4 level, comparisons are harder to make, because of the changes made last year; however, Essex children have been less affected by the changes and the gap is now at a lower level than the national one.

Regarding Ofsted reports:

- 78% of primary schools are currently rated as Good or Outstanding, up from 73% and at about the national average
- 80% of secondary schools are currently rated as Good or Outstanding, up from 71% and above the national level.

This represents real progress toward one of the County's priority areas in the ECC Commissioning Strategy Outcome 3, namely that every school in Essex be rated at least a good school.

Essex has been very pro-active with regard to school attendance levels. This is an area that Essex has been working hard on and absenteeism has dropped to 4% from 5% in 2014. This represents a significant improvement over a short period of time.

Members then received responses to a number of issues they raised.

Although there is one sort of academy in a legal sense, in practice, there are two kinds: the school that chooses to convert to academy status and the sponsored academy, which has been forced to convert following poor results.

Academies are not under the control of the local authority, but are overseen by the DFE. However, Essex has a very good relationship with the DFE and can at least act in some measure as the eyes and ears for the DFE.

At 3% non-attendance rates at Essex primary schools are almost at their minimum, given the number of pupils that may be off sick at any time. At secondary schools, parents have less control over their children's attendance, so non-attendance rates are higher across the country. Essex is in line with national rates.

When Essex decided to invest an extra £1 million into schools, it was thought best to target the entry point to the system, which means that it may take some time for results to show. Some authorities are looking with interest at what Essex has done.

The size of a school can have a significant impact on data – making the figures for smaller schools figures likely to be more volatile. Essex helps schools to present and explain their figures to Ofsted. Context is an very important element – the loss of just one member of staff can have an enormous impact on a smaller school.

Commissioners work with every school in Essex, with the aim of raising standards. They use a both national and the County's own criteria for data, and an RAG system. They will visit outstanding schools that may not have had an Ofsted inspection for a while, to provide external verification. They have also shown that getting schools to work together can help raise attainment.

Given the relatively poor results in writing at KS2, Essex is working with schools to improve writing, reading and maths. Particularly targeted are boys from a poor, white British background; this group has been shown to perform worse than other ethnic groups.

KS4 results are worse than in previous years. This results from changes in the way the figures are calculated and is mirrored across the country; and Essex has matched this drop.

Essex has taken a hard view on dealing with schools which are seen to be underperforming. The first step is to remove the powers of delegation from the governing body, which takes these from the Board of Governors and the Head Teacher, and to put in place the authority's own Body, which will then work with the leadership of the school. If necessary, the existing Board will be removed and replaced by an interim executive board, although this step needs the permission of the Secretary of State. The aim of such an interim board would be to bring about school improvement and to move the school toward becoming a sponsored academy.

This approach has proved effective and has had a knock-on effect on some other schools whose position had been poor.

The negative impact on the school and community of branding a school as "failing" was acknowledged. Essex try to react quickly, but they have no control over Ofsted, for example, and they rely on the ability to work with schools.

The Chairman thanked Cllrs Gooding and Brown, and Mr Kershaw and his Team for their visit.

7. Carers Strategy Task & Finish Group

Members received an interim report from the Carers Strategy Task & Finish Group (PAF/07/15), and the Essex Carers Strategy (PAF/08/15). The Scrutiny Officer briefly introduced the item.

There are seven recommendations in the report, six of which are directed at the Strategy Report itself – which is going for approval before April Cabinet.

The first recommendation seeks the Committee's approval for the Task & Finish Group to continue its work to the full original remit, to enable it to monitor the agreed Essex Carers Strategy in its first year and to consider any further recommendations for the Cabinet Member to consider.

The Committee AGREED to this recommendation. The Committee also agreed that it should review this in April 2016 and should receive a report from the Cabinet Member at that time.

8. Updates from Task & Finish Groups

Members received a brief oral report on the status of Task & Finish Groups:

Educational Attainment. The Group has continued to gather evidence. It has made site visits to two primary schools in the Basildon area rated good or outstanding by Ofsted. It has received evidence from the Cabinet Member for Education & Lifelong Learning, the executive director of Association of Secondary Headteachers in Essex (ASHE), the Regional Schools Commissioner for the East of England, several district councillors, and representatives of the Essex School Governors Association. Further site visits and meetings are planned. The figures presented for this meeting would be considered.

9. Scrutiny tracker and work programme

The Committee noted the tracker and work programme, and the in particular the new format.

It was noted that there should be a new work programme in place in June.

10. Date of next meeting

The Committee noted the date of the next meeting: Thursday 21 May 2015.

It also noted that the meeting would take place in Harlow, at a venue and time to be confirmed.

The meeting closed at 12:30 pm.

Chairman

		AGENDA ITEM 5	
		PAF/11/15	
Committee:	People and Families Scrutiny Committee		
Date:	21 st May 2015		
<u>Outstanding Items</u>			
Enquiries to:	Name	Sharon Longworth	
	Designation	Head of Commissioning Vulnerable People	
	Directorate	People Commissioning	
	Telephone Number	07789 248654	
	Email address	Sharon.longworth@essex.gov.uk	

Purpose of the Paper: To update the People and Families Scrutiny Committee on the Community Agent Essex scheme. The report covers:

- Progress against the implementation plan
- How the scheme fits within the Strengthening Communities activity
- Who has been supported
- Outcomes for those people supported so far

A number of appendices have been included to support this report:

- Appendix 1 – Case Studies
- Appendix 2 - Description of the scheme
- Appendix 2 - A list of agents and contact details

Introduction

The Community Agent Essex scheme was commissioned to support delivery of our Commissioning strategy for Outcome 7 to help people to live independently and exercise choice and control over their own lives. It is a voluntary sector led solution to support frail older people and their informal carers. The scheme is delivered by a partnership of four organisations:

Rural Community Council of Essex
British Red Cross
Age Uk Essex
Essex Neighbourhood Watch

Its aim is to provide an alternative solution to traditional social care support for frail older people and their informal carers and as a result manage demand into social care. In line with the business case agreed by Outcomes Board, the scheme needs to demonstrate savings of:

2015/16 £625,912
2016/17 £1,257,001

These savings will be achieved by providing an early intervention response, supporting people to access alternative solutions, thus reducing the numbers of people referred for a social care community assessment, delaying the need for low level domiciliary packages, or residential care.

The scheme is an integral element supporting delivery of the new Carers strategy, and through proactively identifying and supporting more informal carers will help meet requirements of the Care Act.

The model is based on 36 agents working part time (10 – 15hrs a week) across Essex in both urban and rural areas supported by volunteers, by the Age UK Essex Voice Network and Neighbourhood Watch. The service aims to support 6000 people a year, with 3000 of these being social care referrals and the remainder being community referrals via health or other voluntary sector organisations and from targeted outreach.

Progress against the implementation plan

As this is a new scheme a phased approach has been taken with the implementation. Between July and October 2014 the agents were recruited and trained. During this period the agents made links with their local CVS and other voluntary sector groups to learn more about the communities they were supporting and they began to take referrals from the community. Between October and December, a process for social care referrals was implemented and the scheme was introduced to the CCGs to define locally appropriate referral routes. From January 2015 the scheme has been receiving 40 – 50 referrals a week from social care and has been building capacity.

The scheme aims to respond to enquiries quickly, with an agent being in touch within 3 days of an enquiry being made and a visit at home within 5 days. At the moment, over 90% of people receive a first contact call within 2 days of the enquiry having been made.

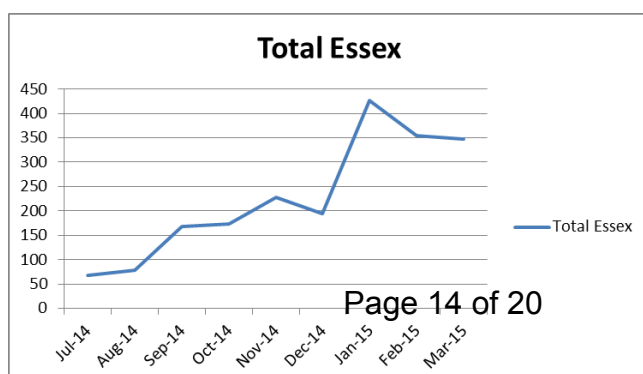
There has been some turnover of agent staff during this period, and the recruitment of volunteers has not progressed as quickly as expected. This is being reviewed through the monthly Community Agent board meetings. Capacity to take referrals across all districts has been maintained through this period, by agents being flexible and working additional hours.

Strategic and local engagement.

The scheme reports into the Essex Partnership Board via the Strengthening Communities board and aligns with the wider landscape of community mobilisation schemes such as Social Prescription, time banking and parish safety volunteers. At a local level the agents are linking and connecting to existing support and schemes to ensure no duplication of activity. Meetings have been held with each CCG to plan referral routes into the scheme. In West and Mid the referrals routes are embedded. In South and North East, some further work is required to fully embed the scheme.

What has the scheme delivered so far and what difference is it making

The graph below shows the patterns of monthly referrals into the scheme since it started in July 2015



Breakdown of referrals by district for this period is as follows:

Data 1/7/14 to 31/3/15				
	West	Uttlesford	Harlow	Epping
New Clients	367	110	104	153
	Mid	Braintree	Chelmsford	Maldon
New Clients	822	317	327	178
	NE	Colchester	Tendring	
New Clients	426	150	276	
	SW	Basildon	Brentwood	
New Clients	238	158	80	
	SE	Rochford	Castle Point	
New Clients	184	100	84	
Total new clients	2037	Other		10

Patterns of referrals are changing as the scheme becomes established and the numbers of referrals increase. Data for the quarterly period January 2015 to March 2017 show that Tendring has the highest rate of referrals

Data 1/1/15 to 31/3/15				
	West	Uttlesford	Harlow	Epping
New Clients	245	65	77	103
	Mid	Braintree	Chelmsford	Maldon
New Clients	335	135	124	76
	NE	Colchester	Tendring	
New Clients	273	97	176	
	SW	Basildon	Brentwood	
New Clients	152	100	52	
	SE	Rochford	Castle Point	
New Clients	122	70	52	
Total new clients	1129	Other		2

A number of different tools are being used to evaluate how well the scheme is delivering better outcomes for people and to test that the model is fit for purpose.

- Evaluating how well the goals set by individuals are being achieved. Goals are the things that people want to change or achieve
- Evaluating how people's health and wellbeing, independence and resilience is improving using a recognised measure called ASCOT which asks people a series of questions at the beginning of the support and at the end.
- Tracking people whose support has ended to identify whether they are still at home and maintaining their independence to demonstrate delaying the need for social care support

Data collection for the period January to March 2015 shows that:

- A total of 1189 (1129 new people and 60 returning) people have received support from an agent during this period.
- Half the referrals to the scheme came from social care with the remainder a mix of referrals from GPs, other health partners, neighbours and friends and other voluntary sector groups.
- 72 carers have been identified along with 32 couples where both individuals have a caring role
- 61% of the referrals are for people with 2 or more presenting needs
- Only 6% of cases supported have resulted in a referral back to social care
- Of the referrals from social care 51% of referrals are for people over the age of 80, with the largest proportion between the ages of 80 to 84

This indicates that the scheme is supporting the target group and patterns of referrals are as they should be.

For 481 people where support has now ended, (ie where cases are recorded as closed), data is available to demonstrate the impact of the service.

- Of the goals agreed with the agent 76% have been recorded as having made progress and 64% were fully met. (For the remaining people the data is not yet known)
- 321 people were still known to be living at home at the end of the support and 6 were not living at home
- Where the distance measuring tool was used to demonstrate improved outcomes for people, of the 10 cases with fully complete data, the data shows that the situation for 8 people has improved and for the other 2 it remained the same.

As part of planned follow-up activity, a sample of 44 people have been interviewed whose support had ended by November 2014. All these people are still living at home 4 months later. Specific quotes from individuals were:

- From a lady living alone 'the community agent was really helpful and gave me my confidence back to stay living at home'
- A couple who were beginning not to cope said ' How much more in control they feel as a result of the support from the agent and that it has enabled them to stay at home'

Appendix 1

Case Studies

Mr P was referred to Community Agents by his local council. He has a mobility scooter, but was dependent on his neighbours to open the garage door. The agent helped Mr P find a local company to supply and fit remote control garage doors which were installed. Mr P regained his independence and was no longer dependent on his neighbours.

Mrs M referred by a local deputy mayor who lives alone in a first floor flat and who had fallen recently. As well as helping Mrs M get all the benefits she was entitled to, the agent helped get some additional equipment meaning Mrs M was more confident in her home. Contact with the Royal British Legion resulted in a grant for a stair lift.

Mr F with failing eye sight is caring for Mrs F and is in his late 70's. Mrs F is worried about her husband as he is becoming very tired. The agent was able to arrange for some equipment for the kitchen so that she could help with preparing their meals again and they agreed to a pendant alarm system so that Mr F didn't worry quite so much when he left her at home. The couple are coping much better and are completing their attendance allowance forms so that they can get additional support.

Mr X had a stroke a couple of years ago and wasn't able to get about very well and safely. This was causing him to be very frustrated and his wife was finding it difficult to cope. The agent was able to advise that a walking frame could help Mr X get out and about. Mr X is now using the frame and is able to get out and about and is far less frustrated. Mrs X told the agent that their relationship had dramatically improved and they had even been out to dinner together. 'It was wonderful,' she said, 'I feel I have my lovely husband back again'

Community Agents Essex



Support and General Referral Process

Appendix 2 Description of the Scheme

Community Agents Essex support frail older people and their informal carers to gain and regain independent living skills. An agent will visit people in their own home, help them to identify what it is that needs to change and support them to help themselves and connect back to community networks.

Who can Community Agents help?

- An older person or an informal carer for an older person
(no specific age definition of older person but probably over 65, isolated, more vulnerable or struggling to cope)
- They must be open/willing to receive help

We can help and support older people with things such as:

- Getting out and about
- Independent living skills
- Home adaptations
- Money worries
- Filling in forms
- Meeting people
- Healthy Living
- Caring for someone

Community Agents offer a **free visit** to help with all of these and more...

Community Agents DO NOT provide but can offer information and options to access:

- Home support services
- Personal care
- Home or garden maintenance
- Befriending visits

Community Agents DO NOT provide:

- Long term interventions (maximum intervention 6 weeks)
- Transport home from hospital
- Mental Health specialist services
- Emergency response service

Community Agents Essex



Support and General Referral Process

How to refer a patient to a Community Agent:

- Direct telephone: 0800 9775858 or 01376 574341
- Email: enquiries@caessex.org.uk

(Only include the client's name in the email. Please include your contact details and we will call you back to obtain the clients details.

We will accept protected word document attachments with a pre-agreed password)

What we need to know at point of referral?

- Patient name and telephone number *(can be mobile)*
- Age
- Village, town or postcode they live in *(no address unless they have no phone)*
- Need type, such as:
 - Mobility Issues, including home adaptations
 - Practical independent living skills
 - Social inclusion to reduce isolation
 - Meal preparation
 - Caring for someone
 - Personal safety
 - Information and advice
- Any known **risk** or other **existing services** related to the client
- Confirmation that the client knows that we will be contacting them

Area	District	Name	Email Address	Phone number
West	Epping Forest	Glenda Templeman	glenda.templeman@caessex.org.uk	07710386999
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West	Uttlesford	Vacancy	Awaiting recruitment	
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South East	Rochford	Janet McKay	janet.mckay@caessex.org.uk	07710385952
South East	Rochford	Marion Paterson	marion.paterson@caessex.org.uk	07710386077
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South West	Basildon	Judith Stevens	judith.stevens@caessex.org.uk	07710 916760
South West	Basildon	Rita Carlyon	rita.carlyon@caessex.org.uk	07764970770
South West	Basildon	Helen Woodhall	helen.woodhall@caessex.org.uk	07710916755
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Mid	Chelmsford	Vacancy	Awaiting recruitment	
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North East	Colchester	Vacancy	Awaiting recruitment	
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North East	Tendring	Sasha Street	sasha.street@caessex.org.uk	07711 556756
North East	Tendring	Suzanne Howe	suzanne.howe@caessex.org.uk	07525807262