

**MINUTES OF A MEETING OF THE PEOPLE AND FAMILIES SCRUTINY
COMMITTEE HELD AT AT COUNTY HALL, CHELMSFORD, ON THURSDAY 12 MAY
2016**

County Councillors:

* I Grundy (Chairman)	* A Goggin
* K Bobbin	* C Guglielmi
R Boyce	T Higgins
* S Canning	P Honeywood
* J Chandler	* R Howard
M Danvers	* M McEwen
A Erskine	* J Whitehouse
R Gadsby	* A Wood
K Gibbs	

Non-Elected Voting Members:

Mr R Carson

Ms M Uzzell

*present

The following officers were present in support throughout the meeting:

Robert Fox	Scrutiny Officer
Matthew Waldie	Committee Officer

The meeting opened at 10.30 am.

1. Apologies and Substitutions

The Chairman reported the receipt of the following apologies:

Apologies	Substitutes
Cllr R Boyce	Cllr S Canning
Cllr M Danvers	Cllr K Bobbin
Cllr T Higgins	Cllr J Whitehouse
Cllr P Honeywood	
Mr R Carson	--

2. Declarations of Interest

Cllr Chandler declared a personal interest in respect of Agenda item 7, relating to the Children's Centres and Healthy Child Programme Consultation, as Chairman of the Chelmsford and Maldon District Children's Centres Partnership Board.

3. Minutes of Previous Meeting

The minutes of the People and Family Scrutiny Committee meeting of 10 March 2016 were approved, subject to the amendment of one typographical error, and signed by the Chairman.

4. Questions from the Public

There were no questions from the Public.

5. Carers Strategy

Members received PAF/07/16, an update on the Essex Unpaid Family Carers Programme. The Chairman welcomed Michael O'Brien, Head of Commissioning, Education and Lifelong Learning, Mousumi Basu, Head of Commissioning, Vulnerable People, Tim Frances, Youth Work Commissioner (Curriculum & Policy), and Helen Gilbert, Senior Commissioning Delivery Officer, Commissioning Support, to the meeting.

Officers gave a brief presentation. The strategy had been ratified in April 2015. The work is overseen by a Carers Partnership Board, which is chaired by Cllr Brown and includes carers themselves. Ms Mousumi began by listing the four elements the new offer sought to provide, in response to the Council's duty toward carers:

- Improving access to information and advice
- Recognising carers as expert partners in care and listening to them
- Getting the right support to carers, at the right time
- Ensuring carers are supported to plan at all stages.

Ms Gilbert then drew Members' attention to a number of highlights of the previous year, including a 14.5% increase in the number of carers supported by Essex, the creation of a single point of access for carers, with better information for carers and more a more joined up approach by relevant organisations. Also access to carers assessments has improved, with a point of contact for advice within social care teams. Starting to develop are models at primary levels of care, including the development of GP surgeries becoming carer friendly. This includes a pilot scheme in the Rochford area, sponsored by the CCG, which has just begun. Some new tools are being developed to help carers plan better. A task and finish group has been set up by the Carers Partnership Board to look at what support carers might need in respect of mental health. There has been better engagement with CCGs. And a management information pack has been developed to give workers a clearer picture of what carers need. Throughout this has been greater involvement of carers themselves, and feedback received has been positive. There is still much to do, but the initial 12 months of the strategy has seen significant improvements.

Mr O'Brien gave a brief overview of the situation regarding young carers. Now the Act requires the authority to take reasonable steps to recognise young carers and provide assessments. Previously, the assessments were provided by the local group and were based on what that group could provide; this could lead to restricted support and even long waiting periods. Now, the responsibility had moved to Targeted Youth Advisers who were able to take a broader view and access a much wider range of services. There had been a backlog of young

people waiting for an assessment but this has now been cleared and all assessments were carried out within two weeks; 262 referrals had been made over the year. Over 500 young carers had received support at one of the groups between April and July 2015, but the numbers attending are decreasing, because other means of support are now being offered, rather than necessarily from the group. Three particular areas are targeted, namely providing respite, providing personal development of young carers, and addressing any inequalities faced by young carers because they are carers.

The Healthy Schools programme now has young carers included within the specification, which is a significant step, as it has always been a problem at school, first to identify young carers and second, to get appropriate help to them. Young carers are also now included in the Pre-birth to 19 specification.

Following a conference at which young adult carers (16-21) from every district were invited to look back at their experiences and to suggest things that had helped or might have helped them, two recurring points stood out: one, an overwhelming need for support and understanding from schools; and two, the provision of a professional who could be contacted at any time, to lend an ear when the young carer was in need of support or advice. Work is ongoing with a group of these carers to develop ideas.

Some statistics on carers:

- Over 146,000 family carers across Essex in 2011, with a significant number providing more than 50 hours care per week. It is notable that this level of care often has a major impact on the health of the carers themselves
- 2015/16 saw an 84% increase in carer's assessments, over the previous year
- Carers' spending – slight rise in use of funding for more personal items relating to carers, which helps demonstrate what carers' needs are. More has to be done to identify these more clearly
- Outcomes. Supporting Carers in Essex Partnership has sought feedback from carers and the resulting statistics suggest that over 80-90% of carers have benefited in differing ways from the Partnership
- Young Carers. Most are in the 10-15 age range, equally balanced between boys and girls (unlike with adults, where the majority are women). NB these relate to those carers attending groups for April-September 2015. Probably significant underestimate of numbers – possibly as low as 10% of the actual figure. Most care for up to 3 hours per day, but some do more hours and often this can be inappropriate. NB young carers fall off the system at 18, as they cease to be "young" and usually the assigned carer is an older individual; this can have a major psychological impact on the younger carer. Formal referrals are only 2 in 5; this should be much higher, as the professional in the field should be spotting these situations and referring them. A much better picture is being obtained about young carers now, as the monitoring system has changed, seeking information on individuals.

Challenges:

- making carers a priority for the ECC, CCGs and society as a whole
- achieving the appropriate culture shift

- developing a relationship with GPs and health professionals to effect changes
- meeting financial and quality expectations
- for young carers specifically – identifying carers.

There will be a launch conference in June, followed by several roadshows, targeting the full range of carers.

Over the coming year, there will be an emphasis on engaging carers as we move forward, considering the re-contracting of services and the potential reconsideration of what is being commissioned. For young carers, consideration should be given to young carers as they make the transition to adult carers. A Task & Finish Group could look into the whole issue of young carers, and the whole approach could be looked at.

A number of points were raised by Members, with relevant responses from officers:

- Priority was being given to working in schools. Young carers were often hard to identify; even though their situation might be difficult, they would try to keep social workers at bay, because of the perceived risk of them having to go into care
- As part of the commissioning process, unpaid carers will be included within any plans as far as possible, so facilitating some measure of control over what they do
- It was unusual for young carers not to want to continue caring; more usual was the impact of an external factor, or perhaps an issue such as drug abuse, which the carer felt unable to cope with
- Adults received their allowance directly
- Officers had only seen the report of the Domiciliary Care Task & Finish Group a few weeks before the meeting
- The Carers Survey was carried out every 2 years, the next being in 2016. It may be too early to demonstrate much change from the adoption of the new strategy, but anecdotal feedback suggested that things were changing
- Young people do not want the stigma of being a carer and need support. But they do not necessarily want to go to a Carers Support Group; they want to be doing the same as their friends. So it might be suggested that a carer would benefit more from going to play football on Sunday, rather than going to a Support Group meeting
- Young people themselves have suggested that they would benefit from two separate sources of support: 1) key workers, eg those able to provide advice on what they should do and who might act as advocates on their behalf; and 2) what they themselves refer to as “street nannies”, who would be helpers who occasionally might come in and cook a meal for them or collect siblings from school, ie who would free the young people up from their customary duties every once in a while, to allow them a greater level of “normality” themselves
- IT. Various apps are used, enabling carers to produce their own networks, making various friends, family and neighbours aware of what might need to be done in case of emergency, or even only if the carer wished to be absent for a while, to be involved in a particular activity. Social media are also increasingly being used to provide support to carers. When young people were asked what they would like, an Essex-focused app came as

top priority and they had expressed a willingness to help develop this. This was seen as a genuine area to explore, not just for young carers but also extending to all young people in Essex

- Young Carers Groups. There is one young carers group in each district, which sometimes makes it difficult for some to get to meetings. Essex is not too prescriptive on how each group should look and each should be able to develop along locally based lines; but each group has to provide respite opportunities, personal development opportunities, and each young carer should have a personalised emergency action plan.

It was noted that Members should receive a copy of the presentation and further information on the improvements to the Carers Assessments situation. Members also requested that they be kept informed of any roadshows being presented locally.

The Chairman thanked officers for their presentation. He asked that they should keep the Committee informed of progress and reiterated Members' desire to support the important work they do, in whatever way they can.

Cllr Guglielmi left the meeting at this point.

6. Community Agents

Members received a brief update on Community Agents from Helen Gilbert, Senior Commissioning Delivery Officer, Commissioning Support.

Members noted:

- The 32 agents in post cover the whole of Essex, supporting on average a total of 350-400 people per month. Of these, 1 in 4 are over 85 years old and, on average, 20-25% have complex needs
- More referrals are coming through from self-referrals and communities. They have also been in touch with parish councils following a recent request
- Outcomes. 114% of savings were achieved for 2015-16. 80% of the most complex people are still living independently at home, without support from health or social care. 83% of people made significant progress toward achieving their goals, and 73% fully met their goals
- Next steps. Monitor savings and seek to maintain funding at £600k for 2017 onward. Returning to people after 18 and 24 months, to see how many are still independent. Exploring how to align separately funded activity relating to social isolation, to provide a more personalised approach. Explore whether this model could be adapted for other groups, such as working age adults.

The Chairman thanked Ms Gilbert for her update. He acknowledged the lack of time permitted and suggested that a fuller report should come to Committee shortly.

7. Children's Centres and Healthy Child Programme – update on KPIs

The Chairman welcomed Adrian Coggins, Head of Commissioning, Public Health and Well Being, and Carolyn Terry, EYCC Commissioner - Sufficiency and Sustainability, to the meeting.

Mr Coggins clarified a few points:

- The intention is to move from population wide activity measures to target group specific outcome measures; to base responses on what families need, rather than what has been provided historically; to integrate the children's centre and 0-5 & 5-19 Healthy Child Programme workforce; to develop resilient families through social and community support; and to engage fully with West Essex CCG – with possibly others to follow
- Essex has taken a very inclusive approach, involving different groups – and the CCGs in particular. A particular specification has been developed, setting out, inter alia, the financial envelope, what approach is wanted and how that is different, and the KPIs we wish to use. It does not set out exactly *how* it should be done – there must remain an element of flexibility for those carrying out the work
- This approach is at the cutting edge of present practice
- KPIs should be developed to sensitively measure outcomes (rather than activity); and both to measure whole populations as well as specific target groups. It is necessary to “make the important measurable, rather than the measurable important”
- The intention will not be to provide the same provision across the board (which is not affordable and would perpetuate existing gaps), but to make appropriate provision, and to reduce the existing outcome gap between best and worst performing areas; this is proportionate universalism
- KPIs need to be very clear in setting out what is being considered; and they need to operate on “the boundary of the possible” – ie they must set challenging but possible targets. These have been reviewed, refreshed and in some cases replaced by other KPIs. They have now been presented to providers, by way of testing them; and now some dialogue is expected about them. It was particularly noted that these are not standard market measurements, but are bespoke to Essex. Getting the methodology correct is crucial
- Potential providers have also been asked to make it clear whether they wish to provide on a county or a quadrant basis. In terms of services, all these are included within one procurement process. However, it is necessary to clarify service responsibilities. With regard to quadrant lots, no options or providers are weighted above any others. There will be a limited market for providers to provide such a wide range of services – perhaps no one provider can do this. In response, Essex will have to ensure that no provider, big or small, is disadvantaged within the process. Whether costs related to the area is factored in (eg, the west is more expensive than the east of the county) is not clear at present.
- Response and timeline: Over 2000 completed responses have been received. A paper containing the results and analysis will go to Cabinet in June.

On behalf of the Committee, the Chairman thanked officers for the update and noted that a Member Development Session on this might be helpful in the near future.

8. Residential and Domiciliary Care Task & Finish Group

The meeting noted that the Task & Finish Group had completed its consideration of strategic issues and now it needed to make visits to several residential care homes. The intention was to complete these visits by the end of May and then to hold further meetings in June, with invited parties.

The Group's report should be presented to the Committee at the November meeting.

9. Scrutiny recommendations tracker and work programme

Members noted the new format, which highlights all the agenda items by month, as well as when they might be due to return to the Committee.

10. Date of next meeting

The Committee noted the date of the next meeting: 10.30 am on Thursday 14 July 2016. Venue: Committee Room 1 at County Hall.

The meeting closed at 1:05 pm.

Chairman