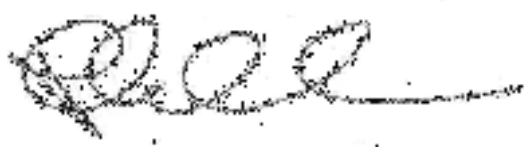


Dear Cllr Grundy

**Re. Response to Task and Finish Group**

I would like to thank the Task and Finish Group for their work, which has provided some useful insights. I am pleased to respond to your Group's recommendations and I hope this is helpful.

Kind regards



Dick Madden  
**Cabinet Member for Adults and Children**

**RECOMMENDATIONS:**

*1. The County Council should continue to grant fund the Friends and Neighbours (FaNs) project for a further year at the same level of finance. It should be for the Cabinet Member to decide how best this be continued.*

Response:

ECC supports FaNs as one of several approaches to tackling social isolation. As with all investments that support Increasing Independence, ECC needs to demonstrate beneficial impacts and real outcomes for people. This means ECC constantly evaluates effectiveness of all programmes it supports, and continues to work with providers and voluntary partners to help them measure their performance, efficiency and effectiveness.

*2. The County Council should introduce a capped care top-up of £30 per resident per week to assist residential care homes which are struggling in the current financial climate. The Task and Finish Group would wish the Cabinet Member for Adults and Children to respond with the reasons behind the current restriction on top-ups.*

Response:

The current financial envelope, within which the Council must operate as its public duty, does not allow us to raise rates beyond the National Living Wage requirements. However, ECC will continue to engage with care providers across Essex to discuss options for development of care markets into the future. The Council fully appreciates the difficulties faced by providers.

*3. Following any Essex County Council quality inspections the local divisional Member should be made aware of any concerns.*

Response:

Members are made aware of service issues through the Care Quality Commission's reports and notifications. However, ECC's approach is to work with care homes/providers when concerns are first raised, and address operational issues at an early stage.

Therefore it is not always appropriate for elected Members to become involved, as many issues are resolved before becoming problematic and a potential impact.

*4. Essex County Council Members should all undertake visits to care homes within their divisions that have no known intelligence on them, at least once per year, to assist in the gathering of intelligence on quality. A public report should be received, one a year, on Member visits by the People and Families Scrutiny Committee to enable it to monitor these visits.*

Response:

In support of the Care Quality Commission, ECC is looking to work with providers to improve the quality of service in all care homes by having Elected Members visit homes, and provide their views on what they have observed. I am sure we would wish all care home residents receive the same high quality treatment as that provided to our friends and family, and so this is an opportunity for Members to become directly involved and help maintain quality in care homes.

My approach is to seek commitment from Members of their own accord, as I believe the observations from visits will have more depth and quality in this way.

*5. The County Council should introduce compulsory training for all Members from May 2017 on visits to residential care homes.*

Response:

Compulsory training for all Members regarding visits to care homes is an excellent proposal, which I fully support.

*6. The County Council should host a seminar for all Essex borough, city and district Councils to introduce Members, and key officers, of second-tier authorities, and the Clinical Commissioning Groups to responsibilities under the Care Act with regard to care homes.*

Response:

Care Act responsibilities have been well-discussed over the last two or more years, in a wide range of forums among health and social care authorities. Primary responsibility rests with the Council, with partnerships essential to ensuring the right outcomes for vulnerable people. A range of communication pathways have been developed and implemented across the County, by ECC and partner agencies – and information-sharing events, such as seminars, form a part of that approach.

I will work with Member Services at the Council to improve information sharing through seminars.

*7. The County Council should establish an all-party Corporate Carers Panel along similar lines to the Corporate Parenting Panel to take accountability for those within residential and nursing care in the county.*

Response:

I support the establishment of an all-party Panel that would champion outcomes for carers. This is an important step in ECC's efforts to engage with and support those who are unpaid in their responsibilities in caring for others. It would also be important to develop appropriate terms of reference to ensure the Panel is clear and accountable for its described functions.

**ACTIONS:**

**1. The Task and Finish Group invites a response from the Cabinet Member for Adults and Children with regard to the continuation of the PROSPER project.**

The Task and Finish Group regard PROSPER as an example of outstanding practice and one that should continue. Prosper is an ongoing commitment to the care homes which has demonstrated measurable benefits for the people living in the homes. With a 5% reduction in falls and a 20% reduction in pressure ulcers with recognition in CQC reports of the work undertaken by Prosper. Further funding will widen the reach of Prosper and continue to provide the support to those homes that have already started to embed the methodology in their homes, with scope to widen the focus to include dementia, manual handling and End of Life Care.

**2. The Task and Finish Group invites the Cabinet Member for Adults and Children to respond on Essex County Council encouraging joined-up thinking between care homes and hospices around end-of-life care.**

Working alongside St Helena's Hospice, the Quality Innovation team are providing workshops in North Essex around End of Life for Older People providers in that area. In a separate initiative for people with Learning Disabilities and Autism we have developed a stakeholder group comprising of all of the Essex Hospices, Service Users, Providers, Learning Disability Hospital Liaison Nurse Specialists, CQC, and Essex Ambulance service. The aim of this group is to develop an Essex wide toolkit available to anyone but developed especially with this user group in mind. It is apparent that the CCG's and various health services in Essex are all producing different paperwork, pathways and support at different levels and paces. The aim of our group is to pull together the best of what exists and develop initiatives where there are gaps. The toolkit would contain a menu of everything a person would need to know when planning for end of life anywhere in Essex living in independent accommodation or in residential care. It would all be in easy read format, available on line, downloadable, updated regularly and potentially include an App to store emergency details.

**3. The Cabinet Members for Adults and Children; and Education and Lifelong Learning should consider initiatives that would bring schools and residential care homes together for mutual benefit.**

We support this recommendation and there are lots of good examples from the continent.

In Essex the Quality Innovation team are currently working with young people in Scout and Guide groups across Essex, delivering Dementia Friends and GERT suit (age simulation) sessions to them and then buddying them up with their local older people homes to develop a lasting relationship and taking part in numerous activities including making dementia friendly signage for the home, reminiscence, tea parties, games nights and including the home in their remembrance day parade. This work could be replicated in schools throughout Essex.

We are also developing a pilot session with Further Education colleges to introduce Health & Social Care students to the world of Older People and people with Learning Disabilities and Autism. This will include Dementia education, GERT suit experience, Autism education and sessions from providers who will share their experiences of working in the care and support industry.

**4. The Task and Finish Group invites the Cabinet Member for Adults and Children to produce a report for the full Committee on Essex County Council's charging policies on adult care.**

There is a business case in development as part of our fees and charging review (MTRS). I would welcome the Committee's views on that report at the appropriate time.

**5. The Task and Finish Group would wish it be clarified whether the notes from Member visits to residential care homes could be subject to Freedom of Information requests.**

Legal advice is that if members visit care homes and make notes on the visit and they are handed to the Council then they could be subject to FOI. There are a number of FOI exemptions which may apply to these notes (eg personal data) but that would depend on the content of the notes and would need to be considered on a case by case basis.

**6. The People and Families Scrutiny Committee should receive an annual update on the effects of the National Living Wage on the care sector.**

We agree with this recommendation. It would make sense for the annual update to occur around summer 2017, one year after the NLW has gone live and once the information can be collated.

**7. The Task and Finish Group would wish the Cabinet Member for Adults and Children to report to the People and Families Scrutiny Committee on Essex**

**County Councils policies on supported living with associated costs; and a breakdown of the numbers of people placed in supported living over residential care in the last three years.**

Supported Living is as an arrangement where more than one Adult with Disability shares an aspect of care at the same location. The majority of Adults in these schemes in Essex have a learning disability, but a number have mental health, physical or sensory disability or acquired brain injury. The care in Supported Living may be provided specifically to an individual, or there may be an amount of 'core' care that is shared flexibly across a scheme depending on need. Supported Living schemes in Essex are often the result of legacy arrangements, particularly discharge from long-stay Learning Disability Hospitals.

We believe that current arrangements could do more to promote independence for individuals. In addition, placements are often made on a spot basis and we do not have assurance that they offer best value. In order to improve matters we are:

- Working to develop a consistent pricing model that will enable us to better manage the market.
- Put in place a consistent specification for services which will emphasise building independence and progression.
- Developing consistent 'service profiles' that will inform our placement teams and be available for service users and their carers to enable them to make informed choices.
- Promote better use of assistive technology and community resources in line with the 'Good Lives' approach.

**8. The Task and Finish Group refers the issue of timely/planned hospital discharges to the Health Overview and Scrutiny Committee.**

We agree that this is the appropriate forum for the matter to be considered.

**9. The People and Families Scrutiny Committee should review the Action Plan from the Peer Review early in 2017, and continue to monitor on a regular basis.**

We agree with this recommendation. Work in this area is ongoing and progressing well.

**10. The Cabinet Members for Adults and Children; and Education and Lifelong Learning should consider how progression from education into the care sector be promoted.**

We are developing a pilot session with Further Education colleges to introduce Health & Social Care students to the world of Older People and people with Learning Disabilities and Autism. This will include Dementia education, GERT suit experience, Autism education and sessions from providers who will share their experiences of working in the care and support industry.

The Quality Innovation team are also working with the Employment and Skills board who are leading on a care provider workforce plan which is looking at the recruitment and retention of care staff, upskilling and promoting the care sector. We also have submitted an idea to Gavin's Den which has got through to the next round which involves care taster sessions working with job centres, preparing people for a role in care before they are sent to the Domiciliary Care agencies, where currently there is a high drop-out rate once people are faced with the realities of care.

**11. The Task and Finish Group should be reconvened to look at domiciliary care once current work at Essex County Council is concluded and reported**

This is obviously a decision for the committee but one we would welcome.

For information, the Quality Innovation team are currently involved in supporting the Live at Home market (Domiciliary Care) with various initiatives including:

- Medication workshops
- GERT suit training
- Dementia training
- End of Life support