

MINUTES OF A MEETING OF THE COMMUNITY WELLBEING & OLDER PEOPLE POLICY AND SCRUTINY COMMITTEE HELD AT COUNTY HALL, CHELMSFORD ON 11 FEBRUARY 2010

Membership

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| * W J C Dick (Chairman) | * Mrs J Reeves (Vice Chairman) |
| * L Barton | Mrs E Webster |
| * M Garnett | * Mrs M J Webster (from 10.30am) |
| * S Hillier | * Mrs J H Whitehouse (Vice-Chairman) |
| * L Mead | * B Wood |
| * R A Pearson | |

* Present

10. Apologies and Substitute Notices

The Committee Officer reported an apology from Councillor Mrs E Webster.

11. Declarations of Interest

There were no declarations of interest on this occasion.

12. Minutes of last meeting

The Minutes of the meeting of the Community Wellbeing & Older People Policy and Scrutiny Committee held on 14 January 2010 were approved as a correct record and signed by the Chairman.

13. Variation in the Order of Business

The Chairman proposed a variation in the order of business taking Item 5 – Absence Management, as the next item of business, followed by Item 4 – Occupational Therapy Complaints Review. The remaining items would be taken in order of the agenda. The proposal was agreed.

14. Absence Management – Interim Report

The Committee considered the Interim Report (CWOP/05/10) of the Task and Finish looking into Absence Management within the Adults, Health and Community Wellbeing Directorate. Bob Whiting, Head of HR for Adults, Health and Community Wellbeing, was present for this item.

A correction to the report was made by Councillor Mrs Hillier who was titled as Vice-Chairman of the Committee in the report which was incorrect.

The Committee was advised that the Group had looked at the performance of various parts of the directorate with regard to sickness absence, to get an overview of best practice and areas of high absence rates. In the case of small

teams it was acknowledged that one person being off could have a significant impact. Some teams had specific problems such as in the Libraries department there were higher instances of back and neck problems and work was being done on how this could be addressed. The next stage was to speak to the Mental Health Partnership Trusts which had been delayed, and the Strategic Planning and Commissioning and AACM teams.

Bob Whiting advised the Committee that the corporate target was 4.8% with a stretched directorate target of 4%. It was very likely that the corporate target would be met but the stretched target may not be met. A breakdown of the Directorate sickness absence levels by team was circulated to Members showing the actual absence plotted on a month by month basis. The table also plotted, through a mathematical equation, the highest level of sickness that could be recorded for each of the remaining months to still meet the corporate target. Meetings had been held between HR and the Mental Health Trusts and actions had been agreed with regard to the accurate recording of absences and holding case conferences of individual long-term cases.

During the discussion the following points were raised:

- It was clarified that the absence being monitored was just sickness absence for this purpose. The Group had received detailed management information with a breakdown at service level along with the causes of absence. Of the sickness absence 20% was due to stress and anxiety and therefore particular measures would be targeted at these causes.
- It was acknowledged that the value of calculating the levels of absence for the remaining months was variable. This information was only made available to senior managers. It was suggested that rather than describe this figure as a 'target' a better form of wording was required so as not to look to be encouraging high levels of sickness absence.
- Rates of sickness between departments varied, in front line areas it was relatively high but matched the national benchmarks. Higher rates were expected in those areas due to the nature of the work. From a service users point of view it could be an issue.
- There had been no evidence of the impact of media coverage of the swine flu pandemic on the sickness absence levels. The projected rates of sickness for the pandemic had been looked at for impact if realised, but there had been no real correlation.
- In November 2009 a new absence reporting system had been brought in to ease the recording of absence. Patterns emerging would be looked at and there was a possibility that slightly higher levels of absence may be recorded if it was found to be easier to use than the previous system. The system automatically emailed managers and provided improved information.
- It was noted that long-term sickness could affect the figures significantly particularly within small teams. The Directorate level average was a good starting point but sickness was looked at in more detail with a breakdown of long-term and short-term absence levels. The reasons behind a high incidence of long-term sickness could be looked at. Most support could be provided internally from services such as occupational

health. There was a suggestion that cognitive behaviour therapy could be appropriate in some cases. The Committee was advised that the Directorate had piloted a scheme of reporting absence to an external agency who could provide some medical advice, but no significant benefit had been seen through this scheme.

- It was confirmed that the new absence reporting system was aimed at improving the recording of absence and in particular the reasons for it. The previous forms had included an option of 'other' which could be unclear.
- Bob Whiting paid tribute to the efforts of the staff within the Directorate to attend work during the period of bad weather.

It was **Agreed** that:

1. The Task and Finish Group would continue its evidence gathering by meeting with the Mental Health Trusts to discuss sickness absence.
2. The other Members of the Committee were welcome to attend future meetings of the Group and look at the evidence collected.

15. Occupational Therapy Complaints Review

The Committee considered a scoping document for a review of Occupational Therapy Services (CWOP-SCR-29). The Chairman explained that the Task and Finish Group looking into complaints had found that many of the complaints were about occupational therapy. Therefore a further review into the Occupational Therapy Services had been proposed.

Pauline Holroyd, Senior Operational Manager, advised the Committee that the service was still in a transformation stage and there had been a lot of changes. A minimum of 40% of referrals within the department require an occupational therapist. Once assessments have been carried out the feedback has shown high satisfaction. However there were difficulties within the process as the Disabled Facilities Grants (DFG) were administered separately by the District Councils. Members felt that it would be helpful to have some data on how many of the complaints related to the DFGs. In response it was explained that complaints which were specific to the grants only could be referred on to the District council. However if there were other issues within the complaint they would have to be investigated by the County Council.

Members asked about how long it took to carry out an assessment following identification of need. In response it was explained that Occupational Therapy investigates the use of equipment and minor adaptations first to meet an eligible need. However if this was not possible then major adaptations would be considered.

A Member commented that he understood that equipment was put in place before patients were discharged from hospital. Some Members had personal experience of the assessment process with family members and had experienced delays even with Member input. Problems had also arisen in hospital and his relative had been discharged from hospital with no help or assistance. There was concern that future funding constraints on the health

service would exacerbate the problem. In response it was reported that every hospital discharge should be assessed in hospital by hospital occupational therapists and equipment could be provided through a separate budget. Where work was more complex the case was referred to Social Care Services. A new mobile assessment service had been established which could provide more advanced equipment. However there were times when those with less urgent needs had to wait for the assessment. There were certain issues that were considered to pose a greater risk than others and in those cases the response was more urgent, for example not being able to access a toilet was considered to be a greater risk than keeping clean. A triage type system was in place where skilled telephone advisors at Social Care Direct assessed the risks. There were options to make a situation safe prior to a full assessment which could be undertaken at a later date. The Chairman responded by commenting that with regard to keeping clean the vision and concept of a clean and healthy lifestyle was greater than before.

There were also hold-ups in the system such as where planning consent was needed for adaptations and in particular within listed buildings. A Member asked whether problems were experienced with internal works and what could be done to assist. In response it was explained that even internal works had to be checked in listed buildings. There were a range of options and different ways resolve problems but it could take a long time. There were also issues with properties owned by landlords.

A question was raised regarding who carried out the financial assessments and how long it took. In response it was explained that the District Council carries out the initial test of resources at which point no evidence of savings or income is required. An indicator based on this test then takes a few days. This is part of the overall process. An assessment by an occupational therapist is undertaken, the Environmental Health or Grants Officer is then contacted to carry out the initial financial assessment indicator. The process is then more detailed with technical drawings of the adaptations and a full test of resources is undertaken with evidence. From the point of an application being submitted to the grants officer then is a statutory requirement to approve within 6 months. However the timeframes range between a few days to months.

Concern was raised about whether the process took longer for those people who owned their own homes than it was for people who were already receiving benefits. It was reported that Social Care services try to help with equipment in the interim period to help people to manage. Care packages could be put in place to help but the cost implications were high. The stress and inconvenience of a long wait was recognised.

In response to a question regarding end of financial year budgets for DFGs, it was reported that detail on this would need to be prepared for the Committee. However some councils still had funding within their grant budget and others had spent most of the budget early in the year. The rules relating to the Government grant had recently changed and there was some uncertainty as to how this would affect the grant budgets in the future and to what extent local

authorities would top up the budget. However if an application meets the criteria it cannot be refused as the grant is mandatory.

In response to a question regarding the split between County Council and District Council responsibilities, it was explained that the District Councils have to administer the Disabled Facilities Grants but the County Council has to assist with adaptations. There were however good local relationships. Essex is preparing a Right to Control Bid where funding streams will be combined including with the disabled facilities grants under the personalisation agenda. So far ECC has support from five of the District Councils.

Members expressed their concerns about the time taken for adaptations to take place. In response it was explained that if major alterations were required to a property and with allocating a budget, the process was difficult and had to be carried out properly.

In response to questions it was clarified that a categorisation of complaints regarding occupational therapy services could now be provided. It was confirmed that people are provided with full information about the timescales of the process through discussion and a booklet. A copy of the booklet would be provided for Members. Members also felt that those people who may not have advocates in place to help them needed to be protected.

The Committee considered that there were a number of issues to be looked at in more depth, including the District Council facilities grant part of the process, looking at the delays in the system leading to complaints and the link to the hospital assessments. It was **Agreed** that:

1. The scoping document would be further developed and work would commence on the review in April/May 2010.
2. A breakdown of the complaints relating to occupational therapy would be supplied to the Committee
3. The booklet given to service users outlining the process would be supplied to the Committee.

16. Adult Social Care Provider Services

The Committee considered the recommendations made by the previous Community Wellbeing & Older People Policy and Scrutiny Committee in July 2008 (CWOP/06/10). Pauline Holroyd, Senior Operational Manager, provided the Committee with information on what action had been taken as a result of the recommendations from a briefing note provided by Peter Whittingham, Programme Director.

The Chairman introduced the issue and advised the Committee that the recommendations had been accepted by the Cabinet Member and Council following the review and expressed concern that little action seemed to have taken place since then. Particular issues raised were:

- People still living in hostels
- A bespoke facility for short respite breaks had still not moved forward

In response Pauline Holroyd advised that the hostels had moved across to Essex Cares to manage as part of the contract. An expression of interest for a PFI had been put in, if successful this would provide some funding for the hostel work, but a decision was awaited on this. Some work on a short break respite facility had been started but various problems had been identified, such as the value of sites had diminished leading to work being unaffordable.

A Member wished to receive statistics on the number of people who had passed away whilst waiting for their own accommodation.

Members expressed their disappointment that Peter Whittingham had not attended the meeting. The Committee wished to have a full response to their questions at the next meeting.

It was **Agreed** that:

Peter Whittingham be requested to attend the March meeting to respond to questions from the Committee on the progress of taking forward the recommendations.

17. Care Quality Commission (CQC) Inspection Update

The Committee had received a briefing on the CQC Inspection attached as an Appendix to the last set of Minutes. Audrey Bancroft, Senior Operational Manager, updated Members with additional information received since the briefing.

The inspector had identified 17 cases from the 300 submitted, 4 were from Basildon, 4 from Tendring; and 8 Safeguarding cases. An additional case had been identified as the service user in one of the chosen case files had become unwell. Case file summaries were being written and needed to be submitted by 19th February 2010 which was the next key date.

The self assessment had been submitted on 9th February and was considered to be a comprehensive assessment. It had been well received and reflected diversity. The list of public documents with County Council produced documents, strategies and plans had been submitted. The communications plan was also underway. The Area Forum's were receiving safeguarding training, South and East Forums had been carried out in January 2010. An event for Members was also being held during Member Development Week w/c 5th March 2010.

The service area was confident that it would be prepared for the inspector's arrival.

18. Forward Look

The Committee received the Forward Look (CWOP/07/10). Members were reminded that a Task and Finish Group of the Committee would be held after the next formal meeting of the Committee on 11 March 2010.

A new template for the Forward Look had been created which was to be used by all Policy and Scrutiny Committees, which was found to be user friendly.

With regard to the activities scheduled for future meetings, it was noted that the Winter Pressures and Swine Flu item had been moved to April 2010 [POST MEETING NOTE: This item has now been moved to the March 2010 meeting]. Following the discussions earlier it was agreed that Provider Services would return to the March 2010 meeting and the Occupational Therapy Complaints Review would be started in April/May 2010.

Members of the Committee had been provided with a draft scoping document for potential reviews of Restricted Funding in Adult Community Learning and Free Personal Care. It was confirmed that these documents were working documents and Members were welcome to add to them with further issues and comment on them. The background to the reviews would be provided to Members following research.

A joint review of delayed discharges was also being undertaken by a Task & Finish Group made up of Members of the Committee and Members of the Health Overview and Scrutiny Committee.

The Governance Officer was organising a visit to Sanctuary Housing near Ely.

19. Dates of Future Meetings 2010/2011

The Committee considered report (CWOP/08/10) from the Committee Officer outlining the future proposed meeting dates of the Committee for 2010/11. The Committee agreed the dates.

20. Dates of Future Meetings

The Committee noted that the next meeting of the Committee would be held on Thursday 11 March 2010. A Task and Finish Group of the Committee would be held on the afternoon of the 11 March 2010.

The future meeting dates were noted as follows:

- Thursday 8 April 2010

The meeting closed at 12noon.

Chairman

