Minutes of the meeting of the People and Families Policy and Scrutiny Committee, held at 9.45am on Thursday, 12 May 2022 in the Council Chamber, County Hall, Chelmsford.

Present:

County Councillors:

R Gooding (Chairman)

S Barker

M Durham

J Fleming

M Goldman

I Grundy

C Guglielmi

J Lumley (via Zoom)

P May (Vice Chairman)

A McGurran

R Playle

L Shaw

W Stamp

Members of the Health Overview Policy and Scrutiny Committee:

J Henry (Chairman of HOPSC)

D Harris (via Zoom)

P Gadd

B Massey (via Zoom)

Graham Hughes, Senior Democratic Services Officer, Gemma Bint, Democratic Services Officer and Sharon Westfield de Cortez from Healthwatch Essex were also present.

1 Membership, Apologies, Substitutions and Declarations of Interest

The report on Membership, Apologies, Substitutions and Declarations was received.

- Councillor Ian Grundy was welcomed as a new Member to the Committee.
- An apology for absence had been received by Councillor Andy Wiles.
- Councillor Ian Grundy declared an interest in that he was the Non-Executive Director for ECL.
- Councillor Mark Durham declared an interest in that he was Governor for the Essex Partnership University Foundation Trust.
- Councillor Wendy Stamp declared an interest in that she was Vice-Chairman of the Essex Association of Local Councils.

2 Election of Vice-Chairman for 2022/23 Municipal Year

At the invitation of the Chairman, nominations for the two Vice-Chairmen posts were received with Councillor Carlo Guglielmi being nominated by

Councillor Ray Gooding and Councillor Peter May being nominated by Councillor Mark Durham, both nominations were seconded by Councillor Laureen Shaw. There being no further nominations, it was agreed that Councillors Carlo Guglielmi and Peter May be appointed as Vice-Chairmen of the Committee.

3 Minutes

The minutes of the meeting held on 14 April 2022 were approved as a true record and signed by the Chairman.

4 Questions from the public

There were none.

5 Supporting Hospital Discharges

The Committee considered report PAF/12/22 setting out the current challenges and mitigations in relation to discharge flows from acute hospital provision in Essex.

The following people from Essex County Council attended the meeting to introduce the item and respond to questions:

- Councillor John Spence Cabinet Member for Adult Social Care and Health,
- Nick Presmeg Executive Director Adult Social Care,
- Moira McGrath Director, Commissioning (ASC).
- Simon Griffiths Director of ASC,
- Russell White Head of Programme.

The introduction included background on the new hospital discharges, the pressures and challenges in ensuring that domiciliary care was available with the right quality and quantity in every part of the county.

The key aims were to support people remaining at home for as long as possible as that was the most common preference. A core objective was to support people in leaving hospital as promptly as possible and then to make longer-term decisions about their ongoing care and support.

The biggest current challenge was the recruitment and retention of staff in community services particularly in home based care.

During the discussion, the following points were highlighted, raised and/or noted:

(i) Following the hospital discharge success guidance of March 2020 discharge responsibility had moved entirely to the NHS but with close liaison with social care around safeguarding and decision making.

- (ii) Home first principles were an important part of the discharge process. Determining patients' needs had been too constrained and time pressured in hospitals. The Connect programme took assessment outside of hospitals and into the home where the patient's needs could be best assessed.
- (iii) Choice should be considered at all times during the process with both the patient and family being involved in the support planning. There were challenges within that pressured area on a day to day basis, the aim within social care was to ensure those conversations were happening.
- (iv) ASC had been growing home-based services for a while, in order to promote independence hence freeing up resources and support for other patients. ASC had also looked at how best to support people to reduce care packages which impacted on independence. From initial analysis it was shown that lengths of stay and reduction in hours could be improved. ASC had targets in each local area that had been developed through the Connect programme.
- (v) Some rural areas such as Uttlesford and Braintree were very challenging in terms of providing home care services and there were recruitment and retention issues. Currently there were some more bespoke home care arrangements and further targeted work taking place within these areas.
- (vi) Recruitment and retention: There had been a positive national campaign through Skills for Care which had produced a video setting out the current role of carers. Essex was seeking to develop a video showing real people working within Essex in order to be more relatable as 80% of the Essex care workforce were Essex residents. Other initiatives included a workforce group with the Essex Care Association; a social media campaign; and work with the NHS including a Health and Social Care Academy being developed in north-east Essex to offer people career progression. Surveys suggested that carers want career progression, ongoing training and development and increased pay. Currently increase pay rates across the sector would require additional national funding.
- (vii) The two most significant points of a recent survey was that adults discharged from hospital into a residential care setting did not feel that they had any choice, control or information and that adults who were discharged from hospital into services at home felt that the communication given to them was not always reflective of what they felt happened. Information had been passed to those responsible to look at how this could be addressed.
- (viii) There were different services in place around step-down care that were working well overall. There were more care home beds in

Essex than required, in particularly residential care. Work was needed with care providers to shape how these services evolved. The preference was to move people home with wrap-around support rather than move large numbers of people into step-down care. Working with Connect it was important to ensure people did

support rather than move large numbers of people into step-down care. Working with Connect it was important to ensure people did not stay for long periods in residential care if they had the capacity to go home.

- (ix) The development of the transfer care hubs sat with the NHS. A review had been undertaken that identified a number of gaps within the development of the transfer of care hubs. Ensuring consistency across the county was complex and there was a lot of work to be undertaken. It was planned to have services running by October 2022.
- (x) The Nightingale scheme intended to bring new people into the profession, was launched in February 2020 and had proved very successful. The scheme included the provision of courses through Adult Community Learning, practical assistance and financial support. Discussion was taking place with Cabinet to propose further funding and secure agreement for its continuation.
- (xi) It was highlighted that the report to the Committee should be more patient focused. Officers confirmed that service user focus was important and there was a series of case studies in the public domain and they could provide a report on patient experience to the committee.
- (xii) All hospitals had a discharge lounge, patients should be there for a short period as they were prepared for discharge. There were capacity issues and lounges were sometimes full which could result in longer discharge waiting times.
- (xiii) A full review was currently underway around the continuation of intermediary care arrangements up to 2024
- (xiv) CQC under the new care Act had major implications for ECC for the operation of Adult Social Care. ECC was last inspected in 2012 and the assurance process for local government would restart in 2023. ECC would likely not be a pilot authority for inspection. ECC was talking to CQC to request more sensitivity around more conceptualised ratings.
- (xv) An exercise on the Fair Cost of Care was required nationally; ECC Adult Social Care would be reporting in October 2022. Every upper tier local authority had also been asked to develop a market sustainability plan which would look at the wider impacts. It was suggested that the committee could look at this later in the year as the information became available.

(xvi) Discharge leaflets were in place at all hospitals providing information on contacts and entitlements. Officers confirmed they would check that they were still being distributed.

Conclusion:

It was agreed that:

- There would be a further session on CQC and the new care Act,
- Figures would be provided to Members on ASC discharges, such as concept on number of discharges and how big proportion that need intervention afterwards including what the discharge guidance says,
- The committee would further reflect on other follow-up scrutiny work on this issue.

Contributors were thanked for their attendance and left the meeting.

The meeting adjourned at 11.44am and reconvened at 11.54am.

6 Adult Community Learning Strategy

The Committee considered report PAF/13/22 comprising of an update on the latest draft of the Adult Community Learning (ACL) Strategy.

The following people from Essex County Council attended the meeting to introduce the item, deliver a presentation and respond to questions:

- Councillor Tony Ball Cabinet Member for Education Excellence, Life-Long Learning and Employability,
- Katherine Burns Adult Community Learning Principal.

The presentation included key facts and statistics on ACL, why a new strategy was needed, the background and purpose of the strategy and what it would offer including the goals and initiatives.

Following the presentation, the following was highlighted, raised and/or noted:

(i) The majority of ACL funding came from the Education and Skills Funding Agency. The Agency specified what ACL could charge for qualification courses and who was eligible for funding. The funding was fixed and had not been increased, this meant in real terms that funding had decreased by 50% over the last ten years. If internal income was increased ACL could have greater capacity and provide more courses but that was dependent on how much learners would pay for courses.

- (ii) ACL generated fee income from learners which was reinvested to support learners who were unable to pay. Any surplus went towards overheads.
- (iii) ACL had approximately 300 apprentices a year doing a range of programmes.
- (iv) ACL worked with employers through the apprenticeship program and a business development team that worked across different sectors. There was also the current development of the local skills plan and there would be a skills roundtable for employers and other partners to contribute to the plan.
- (v) ACL worked closely with the Skills and Employability team within ECC I to determine where the skills needs were. They were not able to respond to all sector skills shortfalls because they did not have the infrastructure that big colleges had. The focus was on establishing ACL's place in the market using the data available and working with particular sectors where that infrastructure was needed.
- (vi) Colchester was investing £900,000 in developing a digital hub within the Colchester ACL centre. Working digitally would be explored in the hub.
- (vii) Due to digital learning, there was potential to work nationally with certain courses to enhance income and this would be explored.
- (viii) Some courses were best delivered digitally whilst other courses needed to maintain in person teaching. In each ACL centre hybrid classrooms were currently being installed to allow people to have choice from the next academic year.
- (ix) ACL co-located within Harlow town centre library, this felt to be the best place to deliver learning most accessibly for learners.
- (x) ACL worked closely with libraries and had recently started to cross-pollinate within newsletters to promote each other's businesses within their respective services.
- (xi) Promoting ACL on library community walls, in local authority newsletters and by distributing leaflets was suggested by committee members.

Conclusion:

It was agreed that:

Further information would be provided on the financial details,

- Information on numbers of apprentices there were with other providers in Essex would be provided,
- There should be stronger links with Everyone's Essex,
- A work-plan would be brought to the committee at a future meeting,
- The final strategy would come back to the committee.

7

Work Programme

The Committee considered and discussed report PAF/14/22 comprising the work programme for the committee.

8

Date of Next Meeting

It was noted that the next meeting was scheduled to be held on Thursday 16 June 2022.

There being no further business the meeting closed at 12.58pm.

Chairman