

**MINUTES OF A MEETING OF THE COMMUNITY & OLDER PEOPLE
POLICY AND SCRUTINY COMMITTEE HELD AT COUNTY HALL,
CHELMSFORD AT 9.35 AM ON 9 NOVEMBER 2011**

Membership

* W J C Dick (Chairman of the meeting for items 86 onwards)	M Page
* L Barton	R A Pearson
* P Channer	Mrs J Reeves (Vice-Chairman)
J Dornan	* C Riley
* M Garnett	Mrs E Webster
* C Griffiths	* Mrs M J Webster
* E Hart	Mrs J H Whitehouse (Vice-Chairman)
* S Hillier (Chairman of the meeting for items 83-85)	* B Wood
* Present	

The following also were in attendance: Councillor A Naylor (Cabinet Member), and P Coleing, Co-Chair and Ms M Montgomery, Deputy Co-chair of Essex Older People's Planning Group.

83. Attendance, Apologies and Substitute Notices

In the absence of the Chairman or either Vice Chairman at the start time for the Committee, it was **Agreed** that Councillor Mrs Hillier be Chairman of the meeting until such time as the Chairman of the Committee arrived.

The Committee Officer reported apologies had been received from Councillors Mrs J Reeves, Mrs E Webster and Mrs J Whitehouse.

84. Declarations of Interest

Councillor M Webster declared an interest for the item on the Mental Health Partnership Trusts in that she was a Governor of the South Essex Partnership Trust.

Councillors P Channer (Maldon), M Garnett (Harlow) and C Griffiths (Tendring), declared an interest for the item on Disabled Facilities Grants in that they were also an elected Member of the borough or district council indicated and for whom officers of those organisations were present at the meeting as witnesses.

No other interests were declared.

85. Minutes of last meeting

The Minutes of the Committee held on 13 October 2011 were approved as a correct record and signed by the Chairman of the meeting.

Just as the following item commenced Councillor Dick arrived at the meeting and took over from Councillor Hillier as Chairman of the meeting.

86. Budget preparation 2012/13

Councillor David Finch, Deputy Leader and Cabinet Member for Finance and the Transformation Programme, was in attendance to give an overview of the budget preparation process for 2012/13.

Service based reviews had taken place in September, focussing on two key areas of spend per directorate. In the case of Adult Health and Community Wellbeing directorate the two areas of focus had been on Older People and Libraries. Further all-service review sessions were taking place in early November to address the pressures on the budget.

Councillor Finch outlined some of the budget assumptions. In relation to the AHCW directorate budget, certain demographic pressures had been acknowledged such as the projected increase in the numbers of older people, increased Learning Disability services and an increase for mental health and physical and sensory impairment services. Finally, key principles being used for developing the Capital Programme together with future funding opportunities and challenges were also outlined. Councillor Finch was thanked for his presentation and he then left the meeting.

87. Mental Health Provider Partnership Trusts: Annual Reports

The Committee received a report (CWOP/45/11) from Caroline Robinson, Head of Mental Health Joint Commissioning (who was also in attendance at the meeting to introduce and supplement the report and to answer questions) commenting on the Annual Reports of the two Partnership NHS Trusts (MHTs) which were attached as appendices to the report). The following representatives from the MHTs also were in attendance:

The North Essex Partnership NHS Foundation Trust (NEPFT)

Andrew Geldard, Chief Executive
Geoff Scott, Director of Strategy
Graham Field, Associate Director, Social Care

The South Essex Partnership Trust (SEPT)

Carla Fourie, Associate Director of Partnerships (statutory and carers)
Catherine Harrison, Consultant Social Worker,
Sally Morris, Executive Director of Strategy
Amanda Reynolds, Executive Director of Social Care
Faye Swanson, Director of Compliance

Whilst the presentations on each report were conducted separately (with NEPFT first, followed by the SEPT representatives) many of the issues identified applied to both MHTs. Where issues were discussed that were specific to one trust this has been identified in the minutes.

(a) Expansion

SEPT had acquired the contracts for mental health services in Bedfordshire and Luton, and NHS community services for West Essex and South East Essex. SEPT had brought together these and the services provided in south Essex under a single Board of Directors and Board of Governors. NEPFT had secured the contract for Suffolk Community Healthcare. Both MHTs stressed that securing these contracts would not dilute their management focus on their services in Essex.

NEPFT cited examples of recent investments such as the Crystal Centre, the soon to be completed child and adolescent unit in Colchester (which was to include a new forensic centre), acquiring ownership of the Derwent Centre which they would now seek to modernise, and a new low secure unit in Chelmsford.

Both MHTs were reviewing their approaches to delivering services, with integrated approaches to care being developed, where appropriate, by breaking down silos in health and social care.

(b) Partnership agreements

There was ongoing work developing a Joint Mental Health Commissioning Strategy for South Essex, with Southend, Thurrock and NHS Commissioners; to align arrangements for mental health services for older people with those of working age adults and to further develop thinking on commissioning for families. ECC were also working with an extensive stakeholder group to develop an outcomes framework for mental health across Essex. The Partnership agreements had previously been extended to March 2012. Future options and recommendations on the Partnership Agreements would be presented to Members by the end of the calendar year.

Recommendation: The Committee recommended to the Cabinet Member for Adults, Health & Community Wellbeing, that the existing partnership agreements with NEPFT and SEPT be extended and rolled over for a further year to enable the completion of significant work being undertaken with stakeholders on future strategy, operating model and outcomes framework.

(c) Personal budgets

As ECC's Audit function had identified stresses in the administration of Personal Budgets (see Minute 89). It was confirmed that a service audit was about to start in both MHTs on the implementation of Personal Budgets and comments and issues identified would be passed through both to the Internal Audit function and ECC Commissioning & Delivery.

Self directed support was being embedded into the MHTs. The number of personal budgets had increased significantly and by the end of March 2011

the figures for direct payments and Personal Budgets stood at 129 (NEPFT) and 84 (SEPT) which were substantial numbers when set against the number of non-residential care packages.

(d) Self Directed Support (SDS)/personal budgets pilots

The SDS mental health pilot had involved around 30 service users being evaluated by a project team and then a separate service user evaluation completed by MIME/Anglia Ruskin University. The project had been extended across NEPFT at the end of the pilot period with training sessions continuing for all staff. Limited responses had been received to date in the MIME service user evaluation but initial feedback was that some processes were too long, that the knowledge of the practitioners leading them through the care pathway could vary significantly (which had identified further training needs), and that the ECC support plan questionnaire co-ordinated by staff needed some amendment to better reflect fluctuating mental health needs. It was acknowledged that the limited responses received to date probably reflected that the questionnaire was being done too early in the care pathway process although practitioners might also need to encourage better feedback.

NEPFT were also involved in a small personal health budget pilot in Mid Essex focussed on meeting personal health care needs which were not currently provided as a direct service. It was very early days for this pilot and lessons learnt on each pilot would be transferred to the other pilot if appropriate. Summary results from both pilots would be shared with the Committee in due course.

(e) Carers

Both MHTs had made progress with carer's assessments and provision of services to carers having implemented their respective action plans and increased investment on services to carers.

(f) Budget

The number of people in residential care continued to rise alongside the cost of individual care packages more generally with the rising costs presenting the greatest risk to the management of mental health budgets. ECC was reviewing its care packages to find if they were all still appropriate, identifying any unnecessary funding, and whether there were ways to increase people's independence from formal care with less resource demands on ECC. Whilst there were budgetary pressures, the MHTs were mindful that actual mental health needs were increasing. Vacancies at the MHTs had been eliminated to achieve budget reductions and there was a review of their operating models to see if there was a more efficient model to deliver services. In addition, SEPT felt under added pressure due to NHS South West undergoing a tough financial turnaround plan. The MHTs felt mental health funding was often seen as a soft target when commissioners were facing budgetary pressures.

There was currently an over spend of £216,000 on the ECC managed budget for individual care packages (which was separate to funding allocated to MHTs). The over spend had been significantly reduced from the original projection and it was intended to be back on budget by financial year end.

There were particular budgetary pressures from the increasing trend of people being discharged from secure services and long stay rehabilitation. Whilst this was consistent with supporting people in the least restricted environment, it presented social care services with the challenge of supporting more people in the community with greater levels of complexity, which consequently required more skilled resource. SEPT highlighted that they provided a forensic service as part of their Section 117 after care service (as defined under the Mental Health Act) for people coming out of secure accommodation. They also provided a dedicated female only unit. There were efforts to improve the notice given to ECC of such patients being discharged from secure and long stay rehabilitation services so that more accurate estimates could be made of future budgetary demands. It was also pointed out that it was important to remember that people's needs and expectations could change over time so the MHTs needed to target services properly for existing and new clients. In addition, there were concentrations of population with higher care needs in certain locations around the county with a particular concentration in the north east of the county.

It was confirmed to Members that there were many contributory factors to mental health of individuals and the significant increase in drugs and alcohol abuse was highlighted as an example. Further information on this would be provided to Members.

(g) Seconded social care staff

ECC social care staff were employed by ECC and seconded to the MHTs. Some of these secondments had been over an extensive period of time and it was suggested that it could be difficult for those people to feel 'part of the team'.

Recommendation: The Committee recommended to the Cabinet Member for Adult Health and Community Wellbeing, that the long-term secondments in place for ECC social care staff working at the two mental health service providing trusts, be reviewed as part of the 2012/13 work on the longer term operating model and that, where possible, be made substantive postings if appropriate.

(h) Eating disorders

Members referred to the Young Essex Assembly raising concerns about the increased frequency of eating disorders amongst the young. NEPFT emphasised that they had access to specialists in this field and would respond to any such requests from commissioners for such specific services. NEPFT answered Member questions about the scale, scope and outcomes of their new community eating disorder service for young people. In addition, the

Young Essex Assembly had highlighted the risk of mental health issues amongst disabled people and particularly highlighted those with hearing impediments. It was acknowledged that there were different operating models for the provision of such specialist services, particularly in Scotland and Ireland. The importance of looking at cultural and linguistic perspectives was stressed and within the context of equality of access to services.

(i) Southend Hospital

The Chairman referred to the Care Quality Commission report on Southend Hospital which had stated that there were deficiencies in processes around the service provided to people with mental health needs, particularly in the Accident and Emergency department. Whilst assurances had been given since the report the Chairman sought further assurance. A service level agreement was now in place to formally record contractual expectations between SEPT and the hospital. Changes agreed in the action plan with the CQC had now been implemented. In particular, mental health liaison nurses were now located in A&E between 8am-12 midnight with psychiatric consultants on call outside of these hours. SEPT confirmed similar arrangements had been put in place at Basildon hospital.

(j) Creative activities and mental health recovery

Joint work with Anglia Ruskin University was looking at the impact of creative activities on mental health recovery. The research had just been completed and the early indications were that substantial improvements had been identified compared to another control group that had not taken part in creative activities. Separate funding had been secured for the project.

Mystery shoppers were recruited from service users to provide feedback to service managers or directors of service so as to identify issues and trends.

(k) Presentation of information

Some Members questioned the presentation in the annual report suggesting it could be targeted more at the service user, indicating trends and challenges arising from the recession. It was acknowledged that the MHTs were set objectives by ECC and that the annual reports being presented were geared towards benchmarking performance against these targets for the year ended 31 March 2011. It was stressed that more comprehensive briefings were available for Members.

As a commissioner of services ECC had worked closely with mental health service users and carers and had commissioned a 'Big Conversation' consultation. This feedback would be provided to Members.

(l) Conclusion

The existing invitation to committee members to visit NEPFT facilities was reiterated, the Chairman commenting on previous Member visits to the Crystal

Centre. The Committee were also invited to tour the SEPT facilities or attend a service user day. There had been an exercise undertaken in central Bedfordshire identifying how a local councillor might engage with SEPT members. Lessons learnt from this exercise would be applied in Essex as well.

Thereafter, the witnesses from both MHTs were thanked for their attendance and left the meeting.

88. Disabled Facilities Grants

The Committee received a report (CWOP/46/11) on Disabled Facilities Grants from Robert Fox, Governance Officer. John Mackinnon, Commissioning & Delivery Director - West and Rachel Richardson-Wright, SDS Consultant Practitioner - Standards and Service Improvement, were in attendance from ECC. In addition, to introduce and supplement the report and answer questions, were the following district council representatives:

Paul Gayler, Strategic Housing Manager, Maldon District Council
Stuart Athol, Principal Environmental Health Officer, Harlow District Council
David McCulloch, Assistant Head of Environmental Services, Tendring District Council
Lyndsay Swan, Assistant Director of Housing, Epping Forest District Council

(a) Background

One of the recommendations made at the end of the Committee's review of the Occupational Therapy Service related to undertaking a further scrutiny review of the Disabled Facilities Grants (DFG) process by seeking evidence from selected district and borough councils. A DFG was a local authority grant contributing towards the cost of adaptations to provide essential facilities in homes, or access to essential facilities, to enable people to continue to live within their homes. DFGs were normally only available to home-owners, private tenants and, in some cases, tenants of Housing Associations, although some authorities used the same processes for their own tenants. In the majority of cases the adaptations provided under DFGs were based on recommendations from occupational therapists (OT) with such an assessment being a prerequisite to ascertain eligibility for a major adaptation. Specific qualifying criteria applied. Although part funded by central government, the district/borough council administered the DFG grant process, although ECC might assist with adaptations in complex cases if consulted.

At the time of the meeting, statistical information had been received on the administration of DFG applications from eight of the twelve borough/district councils in Essex on the number and status of referrals received in their respective areas. Members expressed disappointment that responses had not yet been received from Basildon or Chelmsford Borough Councils, or Braintree or Uttlesford District Councils, and hoped that this information would become available for distribution to the Committee as soon as possible after the meeting.

Each of the witnesses had an opportunity to highlight performance and other issues in administering the DFG at their particular authority. During the discussion the following issues were discussed and/or noted:

(b) Home Improvements Agency

The change in Home Improvement Agency (HIA) management arrangements across Essex earlier in the year had caused delays at some authorities (Tendring) although a substantial majority of referrals were now approved and currently work in progress. The length of delay for completion of DFG applications was variable, often depending on the size and complexity of the adaptations and whether user needs changed during the process.

Maldon had taken some contractor management work back in-house. Maldon had worked with ECC to review the business process for DFG and this had led to improved processes. The numbers being referred and therefore processed as of April 2011 at Maldon were not significantly different from previous years but time and resource had been spent on clearing the backlog. Epping Forest had not been subject to the delays from the retendering process at the HIA as it had its own in-house service.

In Harlow, 112 DFG referrals had been approved since April 2011 with 49 of them to be completed by year end and all of them would be completed by the end of the financial year.

The Care Quality Commission had set a national target of eighteen weeks for a DFG application to be approved and the installation to be completed. This target had not been met this year at Tendring (with the average time being 23 weeks) but Tendring hoped to get this down to 18 weeks by year-end.

The borough and district representatives confirmed that there would be an on-site inspection before payment to the builder was authorised. Sometimes corrective actions were required before payment was authorised.

(c) Performance statistics

There was discussion on the interpretation of some of the categories and labels for the statistics submitted to the Committee from the districts and boroughs. In particular, figures for 'Approved and work in progress' could include awaiting final inspection or, even, delays in the submission of an invoice for payment from a contractor. The 'Number of referral cases from OT services' also could be clarified by adding 'since 1 April 2011'.

Generally, withdrawal rates for DFG were low although the figure for Colchester looked disproportionately high. Often the reason for withdrawal would be client based (e.g. not being able to provide financial information).

(d) Funding

The witnesses discussed the difficulties of balancing the funding for DFG with the number of referrals, the level of demand and budgetary planning. Whilst a significant proportion of the DFG was funded by central government, the remainder was funded by the local authority. Generally local authorities set the level of their contribution to the following year's DFG around the third quarter of the previous year, without actually knowing the level of funding to be received from central government. This varied from year to year and Councils were usually only notified of the amount they would receive around three months before the beginning of the financial year in which it would be paid.

One of the main issues raised by the boroughs and districts was that OT referrals needed to arrive in a quick and consistent manner to assist budgetary planning. Some authorities experienced severe backlogs that meant DFG funding was carried over to the next financial year whilst awaiting OT referrals for which they were earmarked, whilst others did not have this issue (e.g. Harlow). Consequently, it was essential that there were good efficient working relationships between the HIA, local authority grants teams and OT.

Tendring had the highest DFG budget in Essex reflecting the demographics of the area.

It was highlighted that there had been national research undertaken that suggested that the payback period for a DFG funded adaptation to be cost effective (as opposed to formal care) was approximately 23 weeks.

(e) Service user complaints

Members stressed that they often heard from constituents about the complicated and lengthy approval and installation processes for the DFG and that they needed to be improved to maintain the dignity of the service user. Members felt that the DFG assessment process was particularly onerous for those who owned their own home. Members questioned whether there were performance indicators available that would show actual times for each stage of the DFG process from referral to completion. It was acknowledged that variances would be expected from area to area for some parts of the process, although there also could be commonality for those parts where a standardised pan-Essex arrangement was in place (e.g. the installation of stair lifts). Results of a previous business process review exercise of the DFG process undertaken across the county would be circulated to Members.

(f) Service improvements

It was stressed that the new HIA structure could provide the opportunity for a more streamlined and standardised approach with some Districts and Boroughs adopting new arrangements for using approved contractors and processes in the commissioning structure. However, such opportunities still depended on timely referrals being received.

There were other initiatives to improve the OT referral process. The Right to Control project aimed to give disabled service users greater choice and control

over the various funding streams and support that they used. Harlow, Uttlesford and Brentwood were participating in this project in Essex. ECC had also seconded an OT to Basildon Borough Council to take referrals directly from Social Care Direct or from operational teams. This also enabled the OT to make joint assessment visits with the housing officers which assisted quicker resolution of on site installation issues.

(g) Ex-armed forces personnel

It was confirmed that arranging DFG and adaptations at home for the re-ablement of injured service personnel would be the responsibility of the local authority although it was acknowledged that the British Legion and other voluntary organisations were actively involved in the process as well.

(h) Conclusion

A QIPP project analysing the grant process and all key stages for a particular gas installation would be circulated to the Committee.

The witnesses were thanked for their attendance and invited to re-attend in January when further review of the DFG process would be undertaken. The borough/district witnesses then left the meeting.

89. Personal Budgets

The Committee received a report (CWOP/47/11) from Karen Wright, Internal Standards and Governance Director, on Personal Budgets. John Mackinnon, Commissioning & Delivery Director - West, and Sarah Harris, Senior Audit Manager, Internal Audit and Risk Management were in attendance to introduce and supplement the report and to answer questions.

Introduction

Personal budgets were commissioned against an agreed support plan. ECC continued to promote Personal Budgets, and in particular Cash Payments (whereby individuals manage their own support rather than ECC or a third party) as the best route for maximising service user independence, as it facilitated the opportunity to purchase other services that could meet their needs better. ECC was also in the final stages of awarding the contract to introduce payment cards.

ECCs Internal Audit function had conducted a review focused on the financial monitoring aspect of service users with personal budgets to ensure that this was consistently and adequately applied throughout Essex. The overall opinion of Internal Audit was that the review had offered only limited assurance. Although guidance notes had been compiled by the service in relation to the financial monitoring aspect, the audit review had confirmed that there was a lack of compliance with this guidance. The service representatives stressed that there was a robust corrective action plan in place, referring to improved training, an excellent record for risk assessment and safeguarding,

and that the award of the contract for payment cards which would improve matters.

The Committee **Agreed**:

- (i) to establish a Task and Finish Group to review the issues identified by Internal Audit, the corrective action plan being progressed, including the establishment of a monitoring regime of those service users who had been allocated a self managed personal budget, and to make any applicable recommendations for improvement;
- (ii) that Councillors Barton, Dick, Garnett and Mr Peter Coleing from the Essex Older People's Planning Group be the members of the above Task and Finish Group;
- (iii) that the Task and Finish Group report back to the Committee in due course.

90. Corporate Vision and Values Consultation

The Committee received a report (CWOP/48/11) from Alison Anderson, Senior Policy Manager, Corporate, on the consultation process for the draft updated Corporate Vision and Values. Ms Anderson was at the meeting to introduce and outline the item, the contents of which were **noted**. Members were encouraged to submit any comments direct.

91. Forward Look

The Committee received a report (CWOP/44/11) from the Governance Officer outlining the Forward Look for the Committee and the items currently scheduled for meetings through to March 2012. It was **Agreed** that (i) the items on Essex Assist and the Safeguards Annual Report be deferred until February and April 2012 respectively; and (ii) that the item on the Adult Social Care Target Operating model would be moved from the February to March 2012 meeting.

92. Date of next meeting.

It was noted that the next meeting would be held at 10am on Wednesday 8 December 2011 in Committee Room 1.

The meeting closed at 12.45 pm

Chairman
8 December
2011