

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

Membership

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| * W J C Dick (Chairman) | * C Riley (Substitute for Mrs J Reeves) |
| * 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 | |

Councillor I Pummell was in attendance for item 4 – The learning Revolution Task and Finish Group Draft Final Report.

21. Apologies and Substitute Notices

The Committee Officer reported apologies from Councillors J Reeves and B Wood with notices of substitution as set out above.

22. Declarations of Interest

Councillor Mrs J H Whitehouse declared a personal interest in item 4 due to being a Trustee of the Third Age Trust.

23. Minutes of last meeting

The Minutes of the meeting of the Community Wellbeing & Older People Policy and Scrutiny Committee held on 11 February 2010 were approved as a correct record and signed by the Chairman.

24. The Learning Revolution Task & Finish Group Draft Final Report

The Committee considered the draft Final Report (CWOP/09/10) of the Task and Finish looking at the Learning Revolution White Paper.

Councillor Mrs Whitehouse introduced the report and advised that the Learning Revolution White Paper was concerned with learning for pleasure and self-fulfilment rather than learning for qualifications. The Committee's attention was drawn to Appendix 2 and in particular the Informal Adult learning Pledge to which the Council signed up early. During the evidence gathering sessions voluntary organisations were asked what within the White Paper would be most useful to them. The following key points came out of the discussions:

- Open Space – the need for places to meet which are low or no cost.
- Insurance and health & safety matters were a particular issue for the Council.

- Encouraging learning – how people find out what is available in their area.

The key concepts of the report were outlined on page 8 of the report. The Recommendations by the Group were themed around:

- Facilitating places for groups to meet
- Displaying information
- Provision of a web portal
- Becoming a lead accountable body
- Promoting informal adult learning

Lynsi Hayward-Smith, Principal Officer, Adult Community Learning, advised that local authorities were being invited to put in an expression of interest for the Lead Accountable Body status. Further information on this was awaited. Work had already been started in preparation and voluntary organisations and other groups providing this type of learning were being mapped. In 2011 the lead body would be in place, by April 2011 the plan would be put into action and then funding could be applied for against the plan which had been put together in partnership.

The Committee congratulated the Adult Community Learning service on achieving Beacon Status.

The dates for reviewing implementation and impact of the recommendations would be inserted into the report.

Councillor Pummell, Deputy Cabinet Member, advised the Committee that it was very difficult to do a sliding scale for venue charges for smaller groups. The Council also had no real control over charging arrangements within schools.

It was **Agreed** that:

The Committee endorsed the report.

25. CQC Annual Performance Assessment and Action Plan

The Committee considered report (CWOP/10/10) presented by Craig Derry, Head of Informatics, on the Care Quality Commission performance ratings for Essex Adult Social Care Services. A copy of the Action Plan was circulated at the meeting.

The Committee took each outcome of the Annual Performance Assessment (APA) in turn and focussed on areas where the Council needed to improve.

Outcome 1 – Improved health and emotional well-being graded as performing WELL.

Reducing the number of delayed transfers of care – it was explained that within the improvement plan it showed that there had been a reduction in the number of delays attributable to social care had reduced by 9.4% on the

previous year. There were different arrangements in place for each acute trust. A question was raised regarding whether there were any specific causes for the delays. In response it was explained that the causes are complex and each person's needs are different. A special project was being established in Mid Essex to look at how the service can work with providers to facilitate discharge. There was also a provider team in the hospital to support.

Increase the provision of intermediate care – It was reported that there was a whole range of work on-going to improve access. Expanding re-ablement was being looked at. New interim placement beds were under development. Urgent care pathways were being looked at for more joined up working.

A question was asked about whether service users who had been discharged into residential care were re-visited to assess whether they could live more independently. In response it was explained that this should be picked up in a review. If there were problems getting a provider and patients want to avoid staying in hospital they are moved into care while arrangements are made. If a patient is discharged to a residential home, the re-ablement goes with them. Work was undertaken with individuals to get the optimum level of independence.

End of life care – it was explained that there was locality based working and actions were outlined in the improvement plan. The aim was to embed better end of life practices.

Members requested information on arrangements with hospices including which hospices provide a ward for intermediate care. The information would be provided to the Governance Officer.

Continuing to work with regulated care services to improve compliance with the national minimum standards – the Committee was advised that there were two main strands to this; to improve standards around medication, meals and end of life care, and new training standards would be monitored relating to end of life care. The Care Quality Commission (CQC) was passing back some responsibility to Councils around monitoring for compliance which would be a challenge to ensure that CQC standards are being met. The workforce would be extended on this. The CQC was handing the mantle back to the Council to deal with homes which were under standard.

Outcome 2 – Improved Quality of Life graded as performing WELL

Continue to evaluate the initiatives underway in promoting carers assessments – some of the actions being taken were outlined in the improvement plan.

Service users with carers that hadn't had an assessment had been identified and each had been written to offering an assessment. This had resulted in 900 responses, 500 of which could be offered a specific service beyond advice and information. However a lot of carer work was not registered. There were initiatives in place to help identify carers.

The Chairman commented that the lack of assessments was a critical issue. The Committee had requested that the Mental Health Partnerships find different ways of promoting assessments where people were not keen to have them.

Work to speed up minor adaptations to improve transition planning for young people – the Committee was advised that more information on this could be provided at a future meeting. However the Mobile Assessment Service had

been established with an occupational therapist for minor adaptations following assessment.

Outcome 3 – Making a positive contribution graded as performing EXCELLENTLY

Increasing the representation of black and minority ethnic groups on the Learning Disability Partnership Board – it was confirmed that a seat had been reserved on the Board for a BME representative.

Outcome 4 – Increased choice and control graded as performing WELL

Improve mental health assessments – it was explained that the focus was on working at the service users pace not at a speed. This followed a survey of service users, where some wished to take time over assessing needs and the process needed to allow for that. There was a 28 day target in hospitals but in other areas it was service user led.

Continue to increase the percentage of reviews undertaken – It was not expected that this would reach 100%, the most expected was around 80%. The current year end projection was for a 4% rise on the previous year. There were individual targets this year and it was more clearly organised. It was reported that the Complaints Task and Finish Group would be making some recommendations in this area.

Outcome 5 – Freedom from discrimination and harassment graded as performing WELL

The Committee was pleased to see that this rating had improved on the previous year.

Work, as planned, with commissioned services to ensure services provided are culturally sensitive – it was explained that a large part of this was dependant on inspection of providers to ensure quality of assessment, food and activities and ensure that they are culturally sensitive. This was more of a priority area this year. It was a challenge for homes to be sensitive to a range of people. The increased rating was due to work with BME and travellers. Recent work had been done on meal services where a range of food was offered but had not been prepared in a culturally sensitive way. The Chairman commented that these issues should be picked up through Member visits to establishments.

Outcome 6 – Economic Wellbeing graded as performing WELL

The Council should progress with establishing targets for employing people with disabilities within its own organisation – it was acknowledged that the Council had made some progress in this area with the initiative in Libraries. The report outlined a number of initiatives and schemes to support people. It was commented by a Member that more work was needed regarding people going back into work following a period of mental illness. In response to a question regarding how people were identified to be ready to go back into work, in response it was advised that there were various ways of identifying people. These included service users, the Department for Work and Pensions, the Children and Young People's Service and Job Centre. Within Adult Social Care there was the 'Right to Control' which pulled together various forms of funding, focussing on work and putting services in place.

Outcome 7 – Maintaining Personal Dignity and Respect graded as performing EXCELLENTLY

It was questioned whether there could be a more timely way of dealing with safeguarding referrals. In response the service explained that the referrals were being dealt with in a timely way. When received the referrals go through 4 stages. A referral was prioritised on the severity of the alert.

The Chairman advised that Member visits, awareness and training would help to enlighten colleagues on safeguarding issues.

The Committee wished to pass on its thanks to staff within the service regarding the outcomes from the CQC Assessment.

It was **Agreed** that:

An update with the additional information requested by Members be presented to the June meeting of the Committee.

26. CQC Inspection Update

The Committee received an update from Audrey Bancroft, Senior Operational Manager, on the CQC Inspection.

The Committee was advised that the fieldwork part of the inspection was commencing on 22 March 2010. During the inspection period a series of focus groups were being held with representatives from staff and partners. Briefings had been held for staff. There were two public forums being held:

- 22 March 2010, pm – at County Hall, Chelmsford
- 25 March 2010, am – in Harlow.

Safeguarding awareness sessions had been organised for Members through the Area Forums, locality briefings and a session during Member Development week. A DVD had been produced for these sessions which could be provided to Members and the Inspectors. A safeguarding credit card sized information card was being produced for Members on safeguarding.

The final report was expected around 23 June 2010. Any further questions could be directed to Clare Hardy, Executive Support Manager.

27. Adult Social Care Provider Services

The Committee received report (CWOP/11/10) on the action that has been taken as a result of the recommendations made by the previous Community Wellbeing and Older People Policy and Scrutiny Committee as part of a scrutiny review undertaken in July 2008. Peter Whittingham, Programme Director, Jane Ahearne, Service Manager, Janice Shwky, Services Manager Residential & Short Breaks, were in attendance at the meeting for this item.

The Chairman introduced the item and advised that it had now been almost two years since the scrutiny review and there seemed to have been little

progress made on the recommendations. An update on progress was requested.

The Committee was advised that the report set out the progress on the recommendations. Supported living remained the preferred option and the Council was currently on the cusp of transformation. The Cabinet Member had responded to the Committee's report in October 2008, however since then the national economic changes had made a significant difference. The original value of ECC land and buildings selected for redevelopment with a housing partner had been affected by the economic downturn. The value of the land had decreased, partners were not able to access funds and the ability to support finance had decreased. Public-Private Partnerships (PPP) were not viable at that time. In 2009 the possibility had been looked at again. A review had been started to look at PPP prospects. To achieve the aims options had been looked at such as a slow trickle of redevelopment or accessing other sources of capital. A submission of interest had been made to the Department of Health for a PFI programme which was provide £36million credit if successful to secure the future of supported living for hostel residents. The outcome would be known by the end of March 2010.

In terms of an age profile it was explained that the most recent figures showed that there were 48 people living in 3 remaining large homes of that number there were 20% in their 20's, a cumulative percentage of over 40's is 27% and those over 50 is 60%. This meant that the Council was supporting an ageing group of people.

The Chairman questioned whether the voids were being filled as it was felt that this would defeat the object if people were placed in these spaces and once in there became institutionalised. In response it was explained that there were some voids at the current time. However the same amount of staffing was required whether there were voids or not and therefore there needed to be a clear direction on the way forward.

A further question was asked regarding whether placing people in their own homes or into the community caused any issues with how to support them. In response it was explained that there was a strong stream of safeguarding work related to this and risk assessments were undertaken. The Council was in the process of closing a home in Harlow which was still part of the overall programme and was managing up the supported living which was the primary focus.

With regard to the age range being supported with short breaks/respite it was reported that a third of those supported were up to their 20's, a third in their 30's and a third in their 40's. This created quite a different dynamic. In terms of how this was managed by the placement team, local or hotel facilities were used dependent on need. The Chairman commented that bed occupancy needed to be kept up and quick respite needed to be looked at. In response it was explained that many service users liked to be with their friends. A policy of offering whole county places had been tried in order to fill voids but had not worked as service users liked to be local.

Concerns were raised regarding the assessment scheme and priority list. In response it was reported that many of the service users were known through the transitions from Children and Young People. The aim was a 28 day assessment period. If a case was urgent the service would be responsive to those needs. However the service was interested in individual cases and feedback from Members to be dealt with outside of the meeting.

A question was raised regarding where responsibility was laid when a service user required further assessment. In response it was clarified that if a service was commissioned by the Council, it had a statutory responsibility to look at it annually. However if a service was funded through a personal budget, it would be dependent on the service user or carer to identify a change in need or would be picked up through the review process.

The Chairman commented that some people needed more of a residential environment, such as extra care sheltered housing, and could then live independently. In response it was recognised that the Council needed to meet the needs of existing residents going through transition from adult to older adult. This would require sufficient supported living for the next generation. The process of the closure of the home in Harlow had seen service users moved to a range of placements. The model of security of care on-site with a peer group was the optimum level aimed for. A way forward was extra care sheltered housing. A Member reported that they had experienced problems with trying to help someone move from sheltered housing to extra care due to not meeting the required criteria.

A question was raised on how the service tied in with the Mental Health Trust remit. In response it was reported that the Council did not source services for the Mental Health Trusts. There was a programme of transfer from hospital to social care where there were social care needs.

The Committee was advised that the quality of homes had moved from 0 stars to 2-3stars.

It was **Agreed** that:

A progress report be presented to the Committee in 3 months covering the following issues:

- Completion of the review
- PFI Outcome
- Feedback on the closure of the Harlow home including feedback from carers
- The impact of economic improvements.

28. Winter Pressures and Swine Flu

The Committee considered report (CWOP/12/10) on winter pressures and swine flu. Val Ketelle, Senior Manager Business Support, Mark Eaton, Project Manager Programme Office, Gill Dickson, Deputy Head of Service Emergency Planning and Business Continuity, Kerry Kavanagh and Mary Tompkins, NHS

North East Essex, June Lamb, ECC Pan Flu Team (HR) and Susan Sawyer, Senior Informatics Officer, were all in attendance at the meeting for this item.

The Committee was advised of the background to why swine flu created additional winter pressures, including an outline of the services provided by Adults, Health and Community Wellbeing. The main potential impacts of the additional pressure of pandemic flu were the impact on service delivery due to sickness and an increase in the number of service users requiring health and social care. Work was already taking place within Adult Social Care to improve planning for winter pressures when swine flu struck. The business continuity plans which had been initiated across the County Council were outlined to the Committee. The actions taken to support staff and social care providers in Essex were set out in the report. With regard to the vaccinations provided for qualifying staff it was confirmed that within North East Essex there had been a take-up of around 40%.

During the discussion the following points were raised:

- A question was raised regarding how the hospital networks coped with the pandemic. In response an answer was provided on behalf of the North East Essex area. The team had worked with the hospital and had an awareness of the bed pressures. However it had been recognised as one of the highest performing areas of the East of England for managing the situation locally.
- It was confirmed that there had been low staff sickness during this period.
- The Chairman asked about the action plan to address the lessons that had been learned. In response it was confirmed that what had been learned from the process was being built back into plans for the future. The team wanted to learn from experience. A de-brief session was being held on 21st March 2010 with health partners.
- There was a perception that the pandemic had not been as vehement as expected or as some previous pandemics. However the Committee was advised that preventable measures were important particularly for those most at risk such as staff and carers.
- Members questioned whether the emergency services had been offered the swine flu vaccination and whether the take-up had been good. In response it was confirmed that frontline staff within the NHS and social care had been prioritised along with other people fitting within the eligibility criteria. The Committee was disappointed with the 40% take-up of the vaccination by staff and asked about the take-up of the eligible public. A response was provided on behalf of NHS North East Essex and explained that figures were still coming through but an average of around 30-40% eligible adults had taken up the vaccination and around 50% of children. The Committee suggested that more needed to be done to encourage up-take of the vaccination. In response it was confirmed that a lot of work had been done within social care but it was important to get the message across that the vaccine was important and safe. The Strategic Health Authority was also carrying out a review.

- Members felt that more information was needed on the normal winter pressures. It was felt that there had been a lot of expenditure on preparing for swine flu but the Committee also wished to explore the effects of other winter pressures such as no spare bed capacity in hospitals, the closed wards due to noro-virus and of particular interest was the number of trips and falls attributable to the snow and ice. On behalf of NHS North East Essex it was explained that more detailed information could be provided on this at a later date, but the situation had been carefully managed such that the effects had been minimised. Members were interested to know the actual costs resulting from people falling in the adverse weather conditions and were also concerned by the number of older people being admitted to hospital. In response it was reported that there had been a slightly higher number of people being admitted to hospital due to trips and falls and that more detailed information could be provided on this. It was explained that every winter more pressure was put on services. There were plans in place for risks and resources would be directed towards the highest priority areas.
- Members expressed concern that injuries may have resulted from people needing to go out on un-gritted roads and the resulting pressures from injuries. Some residents were keen to purchase salt bins to grit their own local area. Members felt that information on the costs incurred by trips and falls from all five PCTs and acute trusts would be useful evidence to feed into a review of highways gritting which would be taking place. It was suggested that the Director for Public Health may be able to assist with collecting the information for the whole of Essex.

It was **Agreed** that:

- 1) Data be provided as soon as possible on the number of trips and falls attributable to the adverse weather across Essex and the cost of this to health and social services.
- 2) Data be provided on the up-take of the swine flu vaccination across Essex at a future meeting of the Committee
- 3) An update on swine flu and seasonal flu, lessons learned from this year and plans for the next winter be provided at the October 2010 meeting of the Committee.

29. Forward Look

The Committee received the Forward Look (CWOP/13/10). There was an amendment to the April meeting of an additional item to receive the report of the Complaints Task and Finish Group.

The items agreed at this meeting would be added to the Forward Look.

A Member questioned why the item on the Home Closure in Colchester had not been received at this meeting and why it was not on the Forward Look. In response it was explained that the report had not been ready for this meeting due to some legal aspects but the action plan would be received by the Committee at a future meeting.

30. Dates of Future Meetings

The Committee noted that the next meeting of the Committee would be held on Thursday 8 April 2010.

The future meeting dates were noted as follows:

- Thursday 20 May 2010
- Thursday 10 June 2010
- Thursday 8 July 2010
- Thursday 9 September 2010
- Thursday 14 October 2010
- Thursday 11 November 2010
- Thursday 9 December 2010
- Thursday 13 January 2011
- Thursday 10 February 2011
- Thursday 10 March 2011
- Thursday 14 April 2011

The meeting closed at 12.15pm.

Chairman