

**MINUTES OF A MEETING OF THE COMMUNITY WELLBEING & OLDER PEOPLE POLICY AND SCRUTINY COMMITTEE HELD AT COUNTY HALL, CHELMSFORD ON 8 APRIL 2010**

**Membership**

- |                         |                                      |
|-------------------------|--------------------------------------|
| * 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               |                                      |

Councillors A Naylor (Cabinet Member for Adults, Health and Community Wellbeing) and A Brown (Deputy to Cabinet Member).

**31. Apologies and Substitute Notices**

The Committee Officer reported apologies from Councillors M Garnett, L Mead, J Reeves and C Riley (a named substitute).

**32. Declarations of Interest**

No declarations of interest were reported.

**33. Minutes of last meeting**

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

**34. Review of Carers Support Across South Essex Scrutiny Report**

The Committee received the Review of Carers Support Across South Essex Scrutiny Report (CWOP/14/10) which was introduced by David Moses, Head of Member Support and Governance on behalf of the Chairman of the South Essex Area Forum.

The Committee was informed that the Report had also been presented to some of the other relevant Committees to endorse the recommendations relevant to their area of work. The Report had also received a positive response from NHS South East Essex.

The Committee's attention was drawn to Recommendation 5 – ECC Adult Social Care Services and the Primary Care Trusts (PCTs) should work together to provide more integrated support to adult carers. South East Essex PCT had agreed that closer working was necessary and they would welcome membership on a Carers Strategy Group or similar forum for directing integrated working.

The Chairman advised that the Committee had been critical of the approach to Carers Assessments both by Adult Social Care and the Mental Health Trusts and had asked both to report back to the Committee with a different way of approaching this issue. There had also been criticisms of the way in which PCTs were spending the funding from Government for carers as there was little evidence of how this was being used. Adult Social Care Services did publish details of how this money was spent.

Members had some reservations with the scope of the Report and felt that it didn't get to the remedies or tackle some of the issues that the Committee was pursuing. It was considered that further work was needed particularly on the issue of carers assessments. Members shared their personal experiences of the system with regard to assessments and expressed their concern that further work was needed in this area. Some of the issues raised included:

- Assessment processes need to be improved based on Member's personal experiences of the system
- The need for GPs to assist with identifying carers.
- There were issues that had been raised by the carers interviewed during the review which had not been picked up in the report.
- There were some good recommendations in the report but more follow up work was needed.
- Silo working by organisations and duplication of assessments was not a good situation.
- Members felt that being a carer could put a considerable amount of stress and pressure on very capable people.

David Moses advised the Committee that further work was on-going in other areas. Issues had been raised at the last Health Overview and Scrutiny Committee (HOSC) meeting regarding the whole hospital discharge process which had could lead to pressure on carers. A letter was being written to the Hospital Trusts to ask for details of their patient discharge arrangements and procedures. This had arisen from a scrutiny review on delayed discharges and was a potential area for joint working between HOSC and the Committee.

A Member who had attended the review carried out by the South Essex Area Forum felt that bringing various groups together during the review who hadn't necessarily come together before was very positive and suggested that Recommendation 5 regarding working together should actually read 'work and train' together as joint training could assist with providing integrated support.

David Moses advised that the formal process was to write to the Cabinet Member for Adult Social Care with the recommendations of the report and the Committee's recommendation relating to Recommendation 5 to 'work and train' together could be put forward.

It was **Agreed** that:

1. The Committee endorsed the Report and its Recommendation subject to the amendment to Recommendation 5 and a robust follow-up process.

2. The Committee expressed an interest in working jointly with the HOSC on a review of the hospital discharge process.
3. The Committee wish to ensure that the recommendations in the report are followed up to make sure that they are being implemented on time and within the impact review dates in June 2011.

### 35. Scrutiny Towards Excellence – Action Plan

The Committee received the Scrutiny Towards Excellence Action Plan (CWOP/15/10) introduced by David Moses, Head of Member Support and Governance.

The Committee was advised that this Plan had been produced by the Scrutiny Board in preparation for the audit of processes and procedures. The Board felt that it was important that Members of the Committees saw what their Chairmen had signed up to. There were three main challenges for taking scrutiny forward to excellent and these were identified as:

- How the role of critical friend to the executive is perceived (particularly with regard to the issue of safeguarding children and young people).
- The perception of independence.
- How to reflect the voice of the public and widen out the publicity of scrutiny activities.

The Committee was informed that the recently published Centre for Public Scrutiny (CfPS) guidance 'Commissioning for Health' refers to some of the Essex HOSC work as good practice. It was also reported that the publishing system for Committee related documents was to be replaced to make it more user friendly and provide more information on what work is on-going.

The Chairman confirmed that the Committee scrutinises the Adult Safeguarding Board and holds it to account on the annual report. The Board was due to come back before the Committee in the near future. Issues raised by the Committee in the past to the Safeguarding Board had been addressed.

A Member raised concerns regarding the process of reporting back following scrutiny reviews including following up on recommendations, particularly where the scrutiny had taken place some time ago and the membership of a Committee had changed. The Chairman confirmed that background reports on the scrutiny review were provided to Members but there was an issue regarding the filing of recommendations. David Moses advised the Committee that a Recommendations Database was currently being finalised where all recommendations would be entered with their monitoring dates. This would help to ensure that monitoring dates are not missed. There were still concerns with the way in which the information was presented to Members regarding scoping, background, who was involved etc and a request was made for a report format covering these issues for future scrutinies. David Moses agreed to look at this with the Governance Officer for the future.

It was **Agreed** that:

David Moses, Head of Member Support and Governance, in liaison with the Governance Officer, would consider the format of how previous scrutiny reviews are presented to Committee for follow up.

### **36. Quality and Commissioning of Care**

The Committee considered report (CWOP/16/10) on the Quality and Commissioning of Care. Will Patten, Commercial Director, Karen Wright, Senior Manager Quality Standards and Operational Improvement and Val Wass, Service Manager for Quality Monitoring were in attendance for this item.

The Chairman advised that this was looking at how to improve contracting and procurement.

Karen Wright highlighted key issues within the report. The Adult Social Care service had a responsibility for quality monitoring of all registered premises of care services within Essex and also manages contracts where places are commissioned.

The recommendations to the Committee had been changed since the publication of the report and were set out for Members:

- To support the agenda of Personalisation and Choice.
- A continued commitment for Member visits to residential care homes.
- To support the development of a framework for withdrawing from supporting a provider if they are not fully engaging.
- To consider how access to information can be improved for the public and how they can view the quality of a service provider, without conflicting with the Care Quality Commission (CQC) star rating.

A Member questioned what the consequences were if a contract was breached by a service provider and what supervision and monitoring of contracts took place. In response it was explained that the main focus of the team was on improving quality from a commercial perspective for service users, improve the level of choice and improve the efficiency of delivery. There was a combination of monitoring; quality of care, standard service quality and terms and conditions to maintain. The contract management team ensure through regular visits and feedback that standards are met. If standards are not met there are processes and procedures to escalate issues in order to resolve them quickly and appropriately. A contract compliance process had been developed to score each care provider's performance this could then be used to prioritise future focus and effort. There was an overall desire to improve quality and Adult Social Care had a policy of not placing people in a '0' rated placement. The service responded to feedback and information and also had a proactive programme in place to improve quality.

Further questions were raised regarding the 30 homes with which the Council had recently ceased contracts with, how this decision had been reached, what process had been followed and how it affected provision. In response the Committee was advised that a recent process had reviewed residential

provision, looked at capacity verses demand, quality and moving from block contracts to a more flexible approach to allow personalisation and choice. As a result of this review some block contracts had not been renewed. However Adult Social Care still did business with some of the homes but on an individual basis.

Members questioned what timeframe was given for improving services and whether it depends on the severity of the issue. In response it was explained that it was within the interests of the business to perform well. There was an escalation process where a business plan was agreed for improvements to be made. Some providers completed in advance, some on time and some delayed some of which was for valid reasons. If a service provider had not improved on quality in line with agreed plans then it can come to a point where Adult Social Care stop doing business with that provider. It was confirmed that if it was necessary to cease business with a provider the service users placed in that home would be relocated. However timeframes for improvement were dependent on individual circumstances and taken on a case by case basis. There was a sense of urgency where needed. It was questioned whether improvements requested through the CQC report were checked for progress or not picked up until the next visit. In response it was confirmed that the CQC rely on changes being implemented however if they are concerned they will return more quickly to check on progress. It was possible to get to know which providers reacted to improvements and it was also difficult to follow up on everything.

Members asked about whether the 348 monitoring visits were routine visits or included repeat visits following concerns. It was also asked whether all premises were visited once a year and whether there was confidence that little slips through the net. In response the Committee was informed that the number of visits quoted in the report were the routine planned visits to all services, not just residential care homes. However there was some prioritisation of what services need looking at. Repeat visits were not listed but there would be a number of these to check on progress. There were also visits carried out in response to safeguarding alerts which were separate to those listed. The aim was to visit most residential care homes on a yearly basis but the number was daunting hence the prioritisation of planned visits. Information was also shared with CQC. Where there were no concerns a lighter approach could be taken, including interviewing service users and relatives. It may then be that the premises are visited again in 18 months – 2 years but a level of intelligence would still be there and Member visits formed part of this feedback. In summary it was reported that there were both proactive and reactive processes in place and changes could be picked up such as changes in staffing, safeguarding alerts and working with contract managers.

A question was raised regarding whether a change of manager escalates a service provider for inspection even if it is graded as 3 star. In response it was confirmed that this would be a reason for prioritising a visit and during an introductory visit actions outstanding would be highlighted. There was a contractual obligation for a service provider to inform the council about a change of manager.

Members asked about the co-ordination of visits with the CQC. In response it was explained that the Council shared its visit programme with CQC but there were not always able to share their programme with the Council. However they did inform the Council of clashes or conflicts and in those cases the Council would withdraw. Members expressed concern that the CQC did not always share information on their planned visits as this could mean that visits were undertaken very close together. It was explained that the CQC was also the regulatory body of the Council and therefore may feel that certain information cannot be shared. Members felt that an extra recommendation was needed to write to the Department of health regarding the CQC informing the Council of their planned visits and co-ordinating more fully.

A question was asked regarding what happened if different issues were flagged up by the different inspections. In response the committee was advised that in general the findings of the inspections were similar. However there had been occasions where the findings were not in agreement, this may be where circumstances have changed. In terms of the contracts the worse case scenario was taken and if a provider was below the expected standard that was taken as the position to work from. From a contractual point of view it was in the interests of the business to be a 3 star grading particularly with the personalisation agenda. Providing the service provider was not a 0 star grading the Council continued to place people and check on the premises.

Concern was expressed that many of the complaints received were related to problems of communication due to staff not speaking English as their first language. In response it was acknowledged that this had been a major issue over the last couple of years. 'Skills for Care' provided additional training for people whose first language was not English. There were also other sources of training such as the Adult Community Colleges. There were incentives for providers to ensure that their staff were trained due to the need for communication relating to medication and care plans. The number of workers coming over from Eastern Europe had slowed down. Members questioned whether casual labour was a particular problem in this area. In response it was explained that the contracts between the Council and providers set out that agency staff had to meet certain checks and if agency staff were used regularly this was an issue of concern.

In response to a question regarding how the lay visitor programme differed from the Member visit programme, it was explained that there were two lay programmes. The first was within the learning disability services and involved service users along with a mentor to support them providing feedback and checks. The second programme was for older peoples services and had very active lay visitors across the county going out with County Council officers. They received training, had CRB checks and had a separate reporting process. Their feedback was valuable by providing a different perspective and had led to some fundamental changes to residential care homes. The first few lay visitors had been recruited from the Older Peoples Planning Group and the recruitment had then widened out to other voluntary groups such as Age UK.

The Chairman asked how effective it was working with partners. In response it was confirmed that sharing of information meetings were held every quarter bringing together organisations such as the PCTs, the County Council, Trading standards, the CQC, Southend and Thurrock Unitary Councils and safeguarding teams. This was a positive opportunity to share information and concerns about providers and ensure there is no duplication. Members commented that only holding these meetings every 3 months was delaying information sharing. It was explained that the Council had regular dialogue with the CQC but the meetings provided an opportunity to share information on market changes and was useful for maintaining quality.

A Member raised concern regarding a comment made by a PCT that they could not visit a residential care home if they didn't have a patient placed there. The officers expressed surprise if that was the case. In response to a question regarding the role of GPs it was explained that often issues were raised through District Nurses but there was very little direct contact with GPs. It was acknowledged that this was an area for improvement along with working with the PCTs more generally. The Chairman commented that often a GP surgery would be reluctant to take on a whole residential care home.

It was **Agreed** that the recommendations proposed to the Committee be supported along with an additional recommendation to request co-ordination by the CQC on planned visits, as set out below:

- To support the agenda of Personalisation and Choice.
- A continued commitment for Member visits to residential care homes.
- To support the development of a framework for withdrawing from supporting a provider if they are not fully engaging.
- To consider how access to information can be improved for the public and how they can view the quality of a service provider, without conflicting with the Care Quality Commissioning (CQC) star rating.
- To write to the Department of Health requesting that the CQC inform the council of their visiting plans ensuring better co-ordination.

### **37. Member Visits to Residential Care Homes**

The Committee considered report (CWOP/17/10) from Matthew Brown, Quality and Development Officer, providing an update on the progress of the schedule of Member visits to residential care homes.

Matthew Brown informed the Committee that the visits provided very useful intelligence and information on the residential care homes and were considered to be a very valuable tool. The visits formed part of the Member's community leadership role. In the last 3 months since the last update there had been a slight increase in the number of visits carried out.

Members did raise concern about the length of time it had taken for enhanced CRB checks to come through which had an impact on their ability to carry out the visits. The Chairman advised the Members could be accompanied within the home if checks had not yet come through.

Matthew Brown apologised that unfortunately due to the higher number of residential care homes in the north of the county, some Members had been allocated homes outside of their area. The team had tried to proportion the visits to avoid long journey times.

A Member raised concern that visiting local homes meant that there were residents there that she knew. It was suggested that it may be better to swap to another local area. Another Member agreed that it may not be appropriate to carry out a visit at a home where a Member was involved in an on-going issue. In response it was confirmed that requests to change homes could be accommodated by contacting the Quality and Development Team.

Once visits had been completed, the reports were provided useful feedback both the Council and the home to help with improvements going forward. Members were encouraged to ask for support where needed.

In response to a question regarding whether a Borough/District or Parish Councillor could accompany a County Member on the visits where requested, it was clarified that this was fine.

It was **Agreed** that:

An update on the progress of visits would be provided in Autumn 2010.

### 38. Forward Look

The Committee received the Forward Look (CWOP/18/10).

The Chairman proposed that the meeting scheduled for 20 May 2010 be cancelled due its close proximity to the June meeting date. The Committee **Agreed** to this proposal. The items scheduled for May would be moved to the June meeting date and items re-scheduled as necessary.

The items agreed at this meeting would be added to the Forward Look and a proforma for bringing scrutiny items back to Committee for follow up work and monitoring would be considered as suggested.

Councillor Whitehouse requested some information on the work of the Community Wellbeing team.

### 39. Dates of Future Meetings

The Committee noted that the next meeting of the Committee would be held on Thursday 10 June 2010.

The future meeting dates were noted as follows:

- 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 11.50am.

**Chairman**