MINUTES OF A MEETING OF THE COMMUNITY WELLBEING & OLDER PEOPLE POLICY AND SCRUTINY COMMITTEE HELD AT COUNTY HALL, CHELMSFORD ON 10 FEBRUARY 2011

Membership

*	W J C Dick (Chairman)	*	R A Pearson
*	L Barton	*	Mrs J Reeves (Vice-Chairman)
	J Dornan	*	C Riley (substitute)
	M Garnett	*	Mrs E Webster (from 10.20am)
	C Griffiths	*	Mrs M J Webster (from 10.50am)
*	S Hillier	*	Mrs J H Whitehouse (Vice-Chairman)
*	L Mead	*	B Wood

* Present

The following also were in attendance: P Coleing, Co-Chair and Ms M Montgomery, Deputy Co-chair of Essex AH&CW Older People's Planning Group.

10. Attendance, Apologies and Substitute Notices

The Committee Officer reported apologies had been received from Councillors M Garnett and C Griffiths. Councillor Riley attended as substitute.

11. Declarations of Interest

No declarations of interest were declared.

12. Minutes of last meeting

The Minutes of the Committee held on 13 January 2011 were approved as a correct record and signed by the Chairman subject to rewording of the first sentence of Item 5(d) as circulated to Members beforehand. The revised sentence to read: "Although there were some exceptions, general eligibility for being accepted into ECH was based upon meeting the national Fair Access to Care 'substantial and critical' criteria and a client requiring individual care for at least six hours a day."

13. Adult Social Care Target Operating Model and Transformation Proposals

The Committee received a report (CWOP/05/11) from Karen Wright, Internal Standards and Governance Director, and Suzie Ward, Change Manager, giving details of the current draft Target Operating Model (TOM) for Adult Social Care.

(a) Background

The TOM would define how future services would be operated and delivered. The design of the future service model would be developed in partnership with

strategic partners, service providers and representatives of service users. ECC's vision was to become an organisation largely commissioning services rather than being a provider and, in particular, handing choice and control back to the service user to enable the delivery of personalised services.

Twenty one overall objectives for the TOM and the services to be delivered had been listed in the paper presented to the Committee. Members queried whether this was a realistic plan or whether it constituted a 'wish list'.

Members questioned the values and assumptions in the TOM. There was discussion that not one size fits all and that the services provided had to be personalised rather than presenting a menu of services.

The TOM was intended to be a high level thinking document indicating where the organisation wanted to go in the longer term.

Whilst the TOM was at an early prototype stage, it was considered that it was more than just a theory and some proposals already were evidence backed and needed refinement whilst in other areas assumptions were yet to be tested.

It was noted that ECC had core statutory responsibilities for providing certain services, including safeguarding, and these could not be discharged elsewhere.
However, there were ongoing discussions with the Department of Health on the future statutory framework for these services.

Members questioned the impact of the reduction in back-office staff arising from the Transformation programme.

(b) Carers

The role of carers was fundamental to the future vision in supporting the planned efficiencies, and they had been involved in the planning and consultation process. However, Members queried this assertion as carers had not been specifically mentioned in the paper submitted to the Committee.

(c) Essex Cares

Essex Cares had been included in the TOM as it had provided a good illustration of a future commissioning model. Members questioned whether such inclusion was actually appropriate as it was now a provider arm and not a commissioner of services.

(d) Availability of advice and information

The TOM focussed on working more efficiently and effectively including identifying solutions already available in the community. However, it was acknowledged that AHCW could improve the availability of access to accurate information on services available to enhance people's lives.

Key feedback received from user groups was that advice and guidance needed to be available at their fingertips such as, for example, via an internet portal, at libraries and other community centres and by telephone and this was now a key vision in the TOM. Such increased access to information would provide guidance on care solutions available to meet client needs and make their purchasing decision easier and more focussed. An ECC Customer Portal had already been tested as a prototype with information accessible to the community at large and the internet link would be sent to Members. AHCW also were looking at exerting a greater presence in the preventative market with, for example, clients able to receive advice from occupational therapists in advance of actual need.

It was also intended that clients should be able to seek advice and access services at various points along the care pathway with the same consistent messages being given as to where a person needed to go to get best advice/assistance. The Right to Control pilot was an example where ECC were working with Job Centre Plus, and other partners to provide a customer service where "any door was the right door" so that a customer should have access to the full range of support, for which they were eligible, via any partner organisation. Members would be provided with some example case studies.

Members suggested that potential users of OT and Meals on Wheels services, for example, who did not qualify for payments should still be permitted to purchase the services. It was confirmed that such clients would be signposted to where they could get access and support.

(e) GP involvement

Members were concerned that GPs were not sufficiently engaged in the process and queried how consistent engagement and service levels across all GP consortia could be obtained. Members would be provided with details of 'pathfinder' GP practitioners in Essex.

In future GPs could commission social care but, at the moment, legal responsibility remained with local authorities. However, to support future GP commissioning, ECC were looking at how its commissioning expertise could be put at the disposal of GPs.

(f) Future impact and monitoring

Members questioned the mechanisms for identifying and monitoring savings arising from the TOM, including the contribution being made by strategic partners. There was a weekly report to the Delivery Board which monitored progress and held management to account. Performance would be measured by demonstrating the number of people with improved lives, assessed through consulting clients, monitoring the number and type of complaints, and other internal performance measures. Key internal performance indicators would be updated in the context of 'Whole Council Outcomes'. A further explanation of the measurement of these outcomes would be provided to the Committee. It

was acknowledged that results from client consultation, as a sole measure of performance, would not be accurate as respondents may not be receptive to giving feedback and/or be entirely honest on delicate and embarrassing care and health matters.

(g) Conclusion

After discussion the Committee **Agreed** that:

(i) Clare Hardy, Executive Support Officer, be invited to attend a future meeting to provide clarification of the future anticipated CWOP scrutiny role in view of the Shadow Health and Wellbeing Board in Essex being in place from April 2011.;
(ii) A further explanation of the measurement of key internal performance indicators and the 'Whole Council Outcomes' would be provided to the Committee;
(iii) The internet link for the prototype ECC Customer Portal would be sent to Members.
(iv) The Committee's comments should be fed back to the Outcomes and Delivery Boards.

14. Occupational Therapy Service

An update report (CWOP/06/11) on the review of the Occupation Therapy service was received and introduced by Karen Wright, Internal Standards and Governance Director ASC and Diane Brown, SDS Advanced Practitioner.

(a) Background

The purpose of the OT review was to evaluate current OT processes and identify areas of improvement that could reduce service user assessment waiting times, equipment provision delays and complaints.

(b) Disabled Facility Grant process

Following consultation with 12 District and Borough Councils the low level Disabled Facility Grant (DFG) process had been streamlined and a fast track had been agreed for low level applications which included level access showers, straight stair lifts, over bath showers and access to property. Unnecessary steps in ECC's part of the process in providing an OT assessment, had been removed and information on the OT assessment was being transferred to Borough and District councils quicker to enable them to start processing the grant application quicker. There had been positive feedback from councils that the new process was working well. A future measure of its success would be whether fewer people were waiting for OT assessments for low level adaptations and that timely interventions were preventing unnecessary hospital admissions.

An OT assessment was required as part of the grant application assessment. Any service user could contact the District and Borough Councils direct at

which time they would be signposted to Essex Cares (via Social Care Direct) for an initial telephone based eligibility assessment. Thereafter a community assessment team would undertake a more detailed face to face assessment. Once completed the case would be handed over to the borough/district council for the financial assessment and OT's involvement should cease at this point. However, it was possible that the borough/district council might subsequently revert to ECC to take further technical advice from OT on certain aspects of the original OT assessment. The assessment would be needs based rather than service based.

Members questioned how the new process fitted into the process for someone being discharged from hospital and cited an example of a seemingly inappropriate discharge without an OT assessment. There was also concern expressed at other cases relayed to them of instances where there were substantial delays prior to receiving an OT assessment and doubted that Essex Cares stated timescales for conducting an OT assessment were actually being met.

Members also raised concern about the delay in the financial assessment being undertaken by the borough and district councils. As part of the procurement process the borough and district councils would ordinarily seek and evaluate three tenders before awarding the contract and agreeing a start time and there needed to be a way to reduce the time taken for this part of the process. At the request of Members, further information on the times recorded for completion of the financial assessment, procurement process and fitting of adaptations, by district, would be provided.

Members suggested that one of the biggest issues was people in their own privately owned accommodation who required major adaptations. Members suggested that some potential service users would purposely choose not to undertake a financial assessment, to determine their eligibility for a grant, so as to avoid further delay and instead just purchase the adaptation equipment direct and pay for their own installer. Members indicated that there should be greater consistency in the service being provided, and suggested giving service users an early choice as to how to proceed by advising up front on anticipated timelines for assessments, appraisal of the grant application and the fitting.

It was noted that Greenfields were a designated social landlord in the Braintree district and direct referrals could be made to them to co-ordinate the OT assessment and access to the Disability Facility Grant.

(c) Future role

Members queried where OT saw itself in the future and whether its role would be different as a result of future GP commissioning of services. In particular, it was queried whether OT saw themselves residing in a commissioning or provider body. Work was already being undertaken to try and anticipate evolutionary changes required, including a whole systems review which would

include SCF (Schools, Children and Families Directorate) to avoid future duplication of assessment work.

Members questioned whether there would be increased use of self employed/agency staff (which currently constituted up to 20% of OT staff costs). There had been discussions with SCF directorate to standardise staff commissioning in future from April 2011.

A risk based approach had been agreed regarding the future closure of equipment and adaptation only customers. This meant that for low risk cases an annual review would not be completed, unless requested by the service user. There had been a positive service user response to this change, which supported the choice and control personalisation approach.

(d) Conclusion

A further OT update would be provided to Members at the May meeting of the Committee. Separate reports/witnesses would be sought from District Councils on the administration of the Disabled Facilities Grant and Extra Care Housing.

15. Forward Look

The Committee received and noted the Forward Look (CWOP/07/11) for the March and April meetings of the Committee.

16. Dates of Future Meetings

It was noted that the next meeting would be held on Thursday 10 March 2011. The future meeting dates were noted as follows (with all meetings starting at 10am in Committee Room 1):

- Thursday 14 April 2011
- Thursday 19 May;
- Thursday 9 June;
- Thursday 14 July;
- Thursday 8 September;
- Thursday 13 October;
- Thursday 10 November;
- Thursday 8 December;
- Thursday 12 January 2012;
- Thursday 9 February 2012;
- Thursday 8 March 2012;
- Thursday 12 April 2012.

The meeting closed at 11.48am.

Chairman