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**Minutes of the meeting of the People and Families Policy and Scrutiny Committee, held at 10.30am in Committee Room 1 County Hall, Chelmsford, CM1 1QH on Thursday, 12 March 2020**

**Present:**

*County Councillors:*

J Chandler (Chairman)  
J Baker (Vice Chairman)  
J Deakin  
M Durham (substitute)  
B Egan  
M Garnett (substitute)  
J Henry (Vice Chairman)  
J Lumley  
P May  
J Moran (substitute)  
R Pratt  
P Reid

Graham Hughes, Senior Democratic Services Officer, was present throughout.

**1            Membership, Apologies, Substitutions and Declarations of Interest**

The report on Membership, Apologies, Substitutions and Declarations was received and noted. Apologies for absence had been received from Councillors Guglielmi (for whom Councillor Durham substituted), McEwan (for whom Councillor Moran substituted), and Souter (for whom Councillor Garnett substituted).

No declarations of interest were made.

**2.           Minutes**

The draft minutes of the meeting held on 13 February 2020 were approved as a true record and signed by the Chairman.

**3.           Questions from the public**

There were no questions from the public.

**4.           Transforming Community Care**

The Committee considered report PAF/07/20 comprising a power point presentation on the findings and conclusions of a recent review of hospital discharge processes conducted by Newton Europe.

The following joined the meeting to introduce the item:

County Councillor John Spence, Cabinet Member – Health and Adult Social Care;

Peter Fairley, Director, Strategy, Policy & Integration (People);

During discussion the following was highlighted and/or noted:

- (i) The review had identified significant opportunities to improve efficiency. This would need a large amount of work to be undertaken and invest up to £8m of council funds to do it. Such a project still needed to go through internal governance processes;
- (ii) Essex had a higher proportion of older people over 85 in its population than the national average. Significant demand growth was challenging health and social care services with, for example, the County Council seeing a 10% increase in people receiving home care services this year. 11,000 new people were receiving reablement services in Essex each year. This year the County Council would spend over £45m on supporting older people;
- (iii) 340 cases had been reviewed with 95 practitioners representing different professions with different perspectives. The review had found:
  - that 28% of acute admissions for older people were avoidable.
  - 37% of older people in acute beds were waiting rather than being actively treated.
  - 33% of home-based Intermediate Care capacity could be freed up.
  - After being in temporary residential placement, only 27% of older people went home.
  - If older people were placed in community hospital or intermediate care rehabilitation settings there was only a 66% or 70% chance respectively that they would go home eventually.
- (iv) Reablement is effective in helping patients to recover and reduce their level of need over time but it was important to maximise the efficiency and effectiveness of it. For instance, there was no significant link between the length of stay in reablement and the amount of support a person needed later and there was evidence of people being stuck in reablement for longer than is ideal or needed and created blockages;

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- (v) One of the largest delays identified in the review was the time waiting for assessment for ongoing care needs. The sourcing of ongoing care need was another significant delay identified;
  - (vi) It seemed that better decisions regarding discharge of patients may be made by groups of professionals rather than individual practitioners who may be more cautious and risk averse;
  - (vii) It was thought that up to 1700 more cases could benefit from more independent home care each year if improvements were made to the discharge process. This could reduce the number of temporary residential care settings and residential admissions needed in future;
  - (viii) Some hospital discharge planning could be started at the time of, or soon after, admission to hospital but it would depend on the level of need when admitted. Delayed Transfers of Care had decreased as a result of joint county council and Health teams now operating at the hospitals. Timely and safe discharge was part of that decision-making process;
  - (ix) Increasing acuity and complexity of need was a major challenge to health and social care and often families needed time to put support in place for those with more complex care needs;
  - (x) There needed to be a particular focus on those people for whom the County Council had responsibility and were not able to fund themselves. However, different models and types of support were needed in different places and for different clients.
  - (xi) It had taken time for Essex Cares Limited to 'ramp up' capacity to take on the case load vacated by Allied Healthcare and the County Council had had to purchase extra capacity from the market to meet the shortfall.
  - (xii) Whilst some variation across Essex had been identified in the review, it was not particularly significant nor surprising once local demographics had been taken into account. There were some elements of good practice in evidence in different parts of Essex although they were not always directly comparable due to structural differences in the care market between rural and urban areas, proximity to London, and the types of local (often smaller) provider. North East Essex remained the biggest challenge due to local demographics.

### Conclusion:

The Chairman thanked the Cabinet Member and officer for their attendance. The following actions were **agreed**:

- (i) To investigate further opportunities where district council housing departments can be involved earlier in the discharge process and find further efficiencies in the Disabled Facilities Grant process;
- (ii) To confirm readmission numbers and how they were included in the data analysis.
- (iii) To confirm how failed discharges are recorded and monitored and how system learning on it is shared;
- (iv) To clarify the process for how service users can advise that they wish to reduce their level of support and how such a request is assessed;
- (v) A further report be made to the Committee to report on progress of planned actions in response to the review.

**6. Work Programme**

The Committee considered and noted report PAF/08/20 comprising the current work programme for the Committee.

**7. Date of Next Meeting**

The next meeting would be on Thursday 9 April 2020.

There being no further business the meeting closed at 11.40am.

**Chairman**