
Minutes of the meeting of the People and Families Policy and Scrutiny Committee, held at 11.00am on Thursday, 15 July 2021 in the Council Chamber, County Hall, Chelmsford.

Present:

County Councillors:

R Gooding (Chairman)

L Bowers-Flint

S Crow

M Durham

J Fleming

M Goldman

A McGurran

R Playle

W Stamp

A Wiles

Graham Hughes, Senior Democratic Services Officer and Gemma Bint, Democratic Services Officer, were also present.

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 Carlo Guglielmi, Peter May, Laureen Shaw, Christine Martin from St John Payne Roman Catholic School (Roman Catholic Diocese education representative) and Sharon Westfield de Cortez from Healthwatch Essex.

Councillor Mark Durham declared an interest in that he was a Governor for the Essex Partnership University Foundation Trust.

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Appointment of Vice-Chairman

At the invite of the Chairman, nominations for the two Vice-Chairman posts were received with Councillors Carlo Guglielmi and Peter May both being nominated by Councillor Mark Durham and seconded by Councillor Lynette Bowers-Flint.

There being no further nominations and by general consent, it was agreed that Councillors Carlo Guglielmi and Peter May were each elected as a Vice-Chairman of the Committee.

3. Minutes

The minutes of the meeting held on 18 March 2021 were approved as a true record and signed by the Chairman.

4. Questions from the public

There were no questions from the public.

5. Adult Social Care Update (including Residential and Domiciliary Care Trends)

The Committee considered report PAF/06/2021 comprising an update on Adult Social Care (including Residential and Domiciliary Care Trends).

The following people from Essex County Council joined the meeting to introduce the item and respond to questions:

Cllr John Spence, Cabinet Member – Health and Adult Social Care.
Nick Presmeg, Executive Director, Adult Social Care.
Moira McGrath, Director, Commissioning (Adult Social Care).

During the discussion the following was acknowledged, highlighted and/or noted:

- (i) The Cabinet Member paid tribute to the response of the local care system during the pandemic. The relationship with the care market providers had further improved and was much more interpersonal now than it had been pre-pandemic which was a positive. The busiest period during the second wave had been between January and March 2021 when there had been the highest levels of community infection, which had caused the biggest impact on the work in Adult Social Care. More recently activity levels had dropped.
- (ii) A challenge during the pandemic had been to continue dialogue with such a large number of local providers when everyone was under intense pressure.
- (iii) The largest cohort of people Adult Social Care supported were predominantly people aged 85 and over. However, the highest per head spend was around supporting people with disabilities, particularly the approximate 4,000 people with learning disabilities.
- (iv) In March 2020, in particular, there had been a high volume of enquiries from people who were nervous about care workers coming into their homes.
- (v) July and August were usually quiet periods, however there had been unprecedented levels of activity, some of which were delayed activity within the system and some of it was the function of the current levels of community infection.

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- (vi) There had been an increase in safeguarding enquiries since Autumn.
 - (vii) Demand for reablement services had increased due to an increased number of people coming out of hospital.
 - (viii) The number of care assessments and reviews had significantly increased. People were moved in the early stages of the pandemic in order to clear hospitals, it then had to be reviewed to ensure their long-term care were appropriate for their needs.
 - (ix) Reablement can be for up to six weeks, with around 80% of the demand being for people discharged from hospital.
 - (x) Discharge pathways had changed at the start of the pandemic with the emphasis on a discharge to assess process where people would have an initial assessment and be moved home with short-term care put in place whilst a more comprehensive community-based assessment was undertaken, this meant that the review activity had to be re-prioritised and so some of the routine reviews were taking longer than they would otherwise have done. There had been an increase in demand for occupational therapy reviews largely around things such as equipment. Prior to Covid there was a plan to launch a program called Connect which looked in detail at the discharge processes and decision making and how people were being engaged and to support an ethos of home first if possible - it was suggested that the Committee may want to look at this in the future.
 - (xi) The Committee's Domiciliary Care Task and Finish Group had identified that there was a lack of clear information and signposting about local care services for families when a relative was discharged from hospital, and had recommended producing a leaflet with this information to take away. It was confirmed that this recommendation from the Task and Finish Group had been accepted and was being worked on.
 - (xii) Some members suggested a section on Trade Union feedback within the care worker survey.
 - (xiii) Concerns were raised by members on the capacity in the Domiciliary Care Market and the infrequency of audits taken on the Domiciliary Care providers and whether there was a need to re-review the inspection review process.
 - (xiv) It was confirmed that residential care usage had declined, and whilst there may be a slight increase as people were going back to work, it was expected that there would be surplus capacity and that Adult Social Care (ASC) would work with residential

providers to plan an orderly reduction in capacity and ensure that an adequate high quality capacity remained.

- (xv) The Care Quality Commission had a schedule of inspections and ASC also had their routine work undertaken by the internal quality team which had continued to run during the pandemic. The inspections followed a risk-based approach. If there were any areas of concern identified ASC would use that information to proactively visit and/or work with the provider to help improvement actions.
- (xvi) There were challenges recruiting staff, especially among the more specialist higher paid roles. A series of remote Zoom based all-staff conversations took place to keep people engaged. Latest statistics showed that staff turnover had fallen over the last 2-3 years. There was a concern that higher wage rates were offered in other sectors. A major concern was recruitment and retention in the sector both in terms of professional and non-professional workforce.
- (xvii) Work was being undertaken with the Essex Care Association (who represent care providers in Essex) and direct with providers on a recruitment and retention campaign, extensive training program as well as some work around staff emotional wellbeing and shifting more towards prevention and early intervention. Several hundreds of pounds had been put aside to enable specialist providers with the psychological support and physiological support required.
- (xviii) The age that an individual transitions into adult services was currently 18, however there was an expectation that there should be more of a transitional approach up to the age of 25. Nationally there was an expectation that there was not a definitive transition point and ASC were doing some work on this as part of a broader all age approach. The Essex Partnership University Trust ran a process called Family Group Conferencing which was highlighted as an area of good practice and expertise.

Conclusion:

It was **agreed** that a further update be scheduled early 2022 on the overall trends and capacity and that this should particularly include the work with market providers to manage an orderly reduction in capacity in the residential market. It was also agreed that the Committee may also schedule other sessions on adult social care matters as a result of its further discussions on work programming in the coming weeks.

The witnesses were thanked for their attendance by the Chairman and then left the meeting.

6. Work Programme

The Committee received report PAF/07/21 comprising the work programme of the Committee.

Members agreed to defer further formal consideration of the work programme of the Committee pending further discussions which would be reported back on at the next meeting.

7. Date of Next Meeting

It was noted that the next meeting was scheduled to be held on Thursday 9 September 2021.

There being no further business the meeting closed at 12.30pm.

Chairman