

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

**Membership**

- |                          |                                      |
|--------------------------|--------------------------------------|
| * W J C Dick (Chairman)  | * R A Pearson                        |
| L Barton                 | * Mrs J Reeves (Vice-Chairman)       |
| J Dornan                 | C Riley                              |
| * M Garnett              | * Mrs E Webster                      |
| * C Griffiths            | * Mrs M J Webster                    |
| * E Hart (substitute)    | * Mrs J H Whitehouse (Vice-Chairman) |
| * T Higgins (substitute) | * B Wood                             |
| * S Hillier              |                                      |
| * L Mead                 |                                      |
- \* Present

The following also were in attendance: Councillors A Brown (Deputy Cabinet Member), J Knapman and D Robinson, P Coleing, Co-Chair and Ms M Montgomery, Deputy Co-chair of Essex AH&CW Older People's Planning Group.

**78. Attendance, Apologies and Substitute Notices**

The Committee Officer reported apologies had been received from Councillors L Barton (for whom Councillor T Higgins substituted), C Riley and Cabinet Member Ann Naylor.

As it was Remembrance Day it was **Agreed** to hold two minutes silence at 11am (which fell during Item 81 below). It was also agreed to change the order of the published agenda by considering Agenda Item 8 on Winter Pressures and Swine Flu after Item 5 (Meals on Wheels Scrutiny) with the rest of the agenda running in order as published.

**79. Declarations of Interest**

No declarations of interest were declared.

**80. Minutes of last meeting**

The Minutes of the Committee held on 14 October 2010 were approved as a correct record and signed by the Chairman.

**81. Adult Safeguards – Annual Report**

The Committee received a report (CWOP/39/10) from Stephen Bunford, Operational Service Manager, Adult Safeguards Unit, on the Adult Safeguards Annual Report. The following joined the meeting to discuss the report and safeguarding issues arising from the report:

Sue Hawkins, Adult Safeguards Unit  
Gary Woodward, Southend Hospital  
Janice Forbes-Byford, South West Essex NHS Trust  
Nick Burston, Essex Police  
Penny Rogers, MCA Consultant  
Emma Manley, Adult Safeguards Unit  
Sam Crawford, SAFE team  
Paul Bedwell, ESAB  
Moira Rowland, Independent Living Advocacy

The Annual Report proposed a collective way forward for adult safeguarding across Essex and was not specific just to the Adult Safeguards Unit (ASU). The Care Quality Commission's inspection of adult social care in March 2010 had positively commented on ECC's commitment to addressing safeguarding issues and their recommendations had been built into the 2010-2011 action plan. The rise in safeguard concerns being raised was not a matter of concern, as it reflected the higher level of awareness across the county by all professionals, as long as the cases and issues identified were then addressed.

Members discussed closer collaboration between the Adult and Children's Safeguards Units. It was acknowledged that each unit had differing statutory responsibilities, and that the Children's Unit was in the process of implementing an improvement plan to meet regulatory concerns. The Committee would recommend to the respective Cabinet Members that the Adult and Children's Safeguards Units form one Unit and be co-located to ensure clarity and cohesion; and that senior management continue to look at a joined-up and cohesive approach between the existing two Units.

A new initiative, a Complexity Forum, was being planned which would be an opportunity to discuss family dynamics in one multi-functional process. This joint approach across adults and children services was seen to be the first nationally to progress in this way.

(a) Publicity and research

The ASU had a quarterly edition in *Putting Essex First* newsletter and had piloted a series of three information leaflets for service users with one of them aimed at obtaining the views of service users. The ASU also had developed a briefing pack arising from discussions with the Learning Disability Safeguards Group. Copies of all these publications would be provided to Members. It was acknowledged that it was difficult at times to pitch any user consultation at the right level that was not insulting to the user and further work was being undertaken to see how the ASU could gain more insight into the service user's experience. Lead Officers for the publicity and research activities of ASU would be identified.

(b) Referrals

The main route for safeguarding referrals was through Essex Social Care Direct (ESCD) which acted as a conduit for referrals received by the Essex Adult Safeguarding Board (via the AskSal helpline advice) and by Police Community Support Officers also forwarded to them along with all other alerts raised by the general public. All referrals received by ESCD would then go through the Adult Safeguards Unit (ASU) to record and monitor the progress of the investigation and subsequent outcomes.

Members discussed the statistics presented on referrals by type of abuse. These were logged on the basis of the initial alert concern raised notwithstanding that subsequent investigation could identify other substantial causal abuses. Consequently Members acknowledged that these statistics provided a broad overview but had limitations in giving a definitive and clear picture of causal abuses. As a result of work done by SAFE (Safeguarding Adults From exploitation) with locality teams there was now a better understanding of what each abuse type covered with institutional abuse, in particular, now clarified to identify when the matter was actually a complaint or issue around poor care practice and not safeguarding. As a consequence there had been no institutional abuse recorded in the period April – September 2010. There would be a further report from the SAFE team to the Committee in January.

Medical referrals had significantly increased in the last reporting period and reflected the high priority safeguarding had been given in the acute hospital trusts and did not necessarily suggest a specific increase in medical neglect rather that it was now being picked-up and reported. Safeguarding responsibilities were now included in contracts with GPs, acute trusts and commissioning bodies and was part of their respective inspection regimes. These obligations would be transferred to contracts with any successor organisations such as the GP commissioning consortia. In North Essex new contractual arrangements for GP commissioning already were in place and ECC was also working closely with GP consortia in the west of the county.

(c) Mental Capacity Act assessments

Low numbers of Mental Capacity Act section 2 assessments under the Mental Capacity Act 2005 (“the Act”) were completed in respect of service users in Acute Hospitals (just 28 assessments from all acute hospital trusts during 2009-10). Work was currently being undertaken with hospital social work teams and colleagues in PCTs and Acute hospital Trusts to improve this. The challenge to date had been that there had not been named Leads in most of the respective Trusts until recently. Southend Hospital had, however, established such a role which was valued by the Trust Board and had placed safeguarding firmly on their agenda.

The ASU now had a designated team of *Best Interests Assessors* who were currently contracted by North East and West Essex Primary Care Trusts to facilitate certain aspects of the assessments on their behalf as well as their function for ECC. A copy of the MCA2 Assessment would be sent to Members of the Committee. The ASU were creating greater awareness of the

safeguarding legislation to give care managers more confidence to apply for Deprivation of Liberty Safeguards under the Act.

(d) Safeguards Board and raising awareness

Until such time as the PCTs were actually dissolved (as proposed under the NHS White Paper) they would retain strategic responsibility for their particular statutory and contractual safeguarding obligations. A key role of the Safeguards Board was to ensure that safeguarding worked strategically in the county and that there was engagement with all relevant stakeholder organisations on an ongoing basis and to draw-in new organisations as responsibilities changed. It was anticipated that further public health awareness responsibilities would move to District/Borough Councils and the Essex based authorities had already been quite proactive in anticipating these changes. ESAB were working directly with many local authority housing associations and other housing management organisations to raise their safeguarding awareness and make them aware of their specific responsibilities.

(e) Police database

The Essex Police PROtect database held information both for prevention of crime and protection of vulnerable people. The agreement being implemented at this time was for named ECC officers, with safeguards, to have access to the PROtect system was purely an Essex initiative at this time but in future Essex Police also would have access to the Police National Database. Whilst Essex Police were not on the first stage roll-out of the national database it expected to have access by the end of 2011. The national database would include information on crimes, domestic abuse, child abuse and custodial sentences.

There was a very high level of vetting for persons given access to the PROtect database due to the sensitive information held on the system. The data held included information on Essex Police attending call-outs for reported incidences irrespective of whether there was any further action taken and/or charges and/or conviction. It was stressed that it was critical to record this level of detail as it enabled easier tracking of suspects and easier identification of an abusive sequence, repeated behaviours and/or trends. Low level domestic abuse was often a key early indicator for child abuse. Records would eventually be removed depending on identified risk levels and required 'clear periods' although child abuse offences would stay on the database for the life of the perpetrator.

(f) Progress chasers and more robust information

There were now two progress chasers based within the ASU whose job it was to log, distribute, track and monitor all safeguard concerns that were referred to ECC. This meant that the data recorded was collated in a more robust manner than in previous years and offered a clearer overview of the progress made in resolving safeguard investigations showing the pathways taken and

the outcomes. This initiative had contributed to the 'Not recorded' abuse referral category being reduced to zero for the April – September 2010 period whereas in the past there had, at times, been difficulties in correctly collating and recording all information.

(g) Conclusion

The ASU would return to give a further update progress report to the Committee in February. A multi-agency Safeguarding Conference was to be held on 29 November 2010 at the Community Stadium, Colchester and County Councillors would be welcome to attend.

**82. Meals on Wheels**

The Committee received a report (CWOP/40/10) providing a brief overview of the Meals on Wheels Service in Essex. The item was presented by Dawn Grover, Account Manager, Stuart Watkins, Senior Account Manager and Linda Flynn, Senior Operational Development Manager. The Chairman opened the session by dispelling rumours that the service was to be abolished stressing that the Meals on Wheels service sustained clients within the community. However, there was a need to look forward and consider potential service enhancements that could be recommended to shape the new Meals on Wheels Service contract (currently with WRVS) when it came up for renewal in October 2012.

(a) Subsidy

Service users had to meet the 'critical and substantial criteria to qualify for receiving the meals. Those not qualifying were given details by Social Care Direct of other alternative service providers.

There was a total ECC subsidy of £1 million per annum for the current contract. The cost of the meals provided and the subsidy received for each meal varied as different meals could be provided to meet dietary, cultural and religious beliefs. Members suggested that the service could consider just providing a main course as often a sweet was not required and would go to waste. It was also noted that current service usage in Harlow was particularly low.

Members discussed the low usage rate for frozen meals whilst acknowledging that it was difficult to promote the service as many existing and potential users of the service may not have sufficient cognitive ability, particularly those with dementia, to use the service and to subsequently heat up the meals themselves. The provision of frozen meals often would then require a carer visit to heat it up which would be a further means tested benefit and could incur further cost to the user.

(b) Safe and Well Check and non-qualifying service users

Meals on wheels operatives were required to undertake a 'Safe and Well Check', chatting to service users to note any significant changes in behaviour and condition that might signal a deterioration in their health and wellbeing. It was recognised that this time spent by the driver with the service user could have significant positive effects on their health and wellbeing and that training drivers in this essential function was crucial. It was stressed that it was important to emphasise in the contract that the driver should have sufficient time to carry out this additional function. Members also highlighted that many service users had poor eyesight and that good quality and clear menu sheets should be provided. Copies of the Essex Meals Customer Survey (February 2010) were available at the meeting for Members to collect.

Members questioned whether there should be provision in future contracts for the contractor (currently WRVS) to take on extra non-qualifying service users (who would pay the full cost of the service) and it was agreed that this could be included in the review. WRVS had indicated that they were looking to diversify their service. It was confirmed that WRVS had a complaints procedure and there was a service user feedback process in place.

(c) Distribution centres

The number of Meals on Wheels distribution centres in Essex had been reduced from five to four after the closure of the Epping site. Whilst there had been some teething problems as part of the re-organisation, the service was now working well with 14 vans heating up food on route. A business continuity plan also was in place to ensure levels of service were retained during bad weather.

It was Agreed that a site visit to the Meals on Wheels distribution centres be arranged for Members.

(d) Conclusion and further information required

After further discussion the following further information was requested by the Committee to assist their review:

Data on any noticeable reduction in usage rates since the closure of the Epping distribution centre.

Age profiles of service users;

The period of time service users had used the service;

How many kosher, halal, vegetarian and other ethnic meals are provided;

The present subsidy per meal; and whether this was likely to increase/decrease;

Did the overall cost come down if a smaller number of meals were provided;

Who monitored the nutritional value of meals;

Representatives from the service would be invited back to continue the review at an appropriate future time to tie-in with the procurement process for the new contract.

**83. Winter Pressures and Swine Flu**

On 11 March 2010 the Committee had considered a report on issues presented by winter pressures and the swine flu pandemic and their effect on social care. A further report (CWOP/43/10) was received and presented by Mike Gogarty, Director of Public Health and Health Policy, Val Ketelle, Senior Manager Business Support, and Mark Eaton, Business Continuity, Emergency Planning and Risk Officer, providing further information as follows:

(a) Number of trips and falls attributable to adverse weather across Essex and the cost to health and social services

The additional data provided pointed to an increase in slips, trips and falls involving ice and snow between Winter 2008-2009 and Winter 2009-2010, although the data did not split by age nor distinguished between falls indoors and outdoors (nor on private property or on streets managed by ECC). Members discussed further possible breakdown of the data and use of categorisation of certain types and locations of falls whilst recognising that this could involve greater collation costs if collation was actually possible.

The number of admissions of people to hospital because of slips, trips and falls on ice and snow, for the Essex County Council area, for the period January 2010 to March 2010, had increased by 32%; the indicative extra NHS costs attributed to this year on year increase was £64,481 (8.2% increase). The data had been provided by the acute hospitals. However, the statistics only included data on Admissions, and not Accident and Emergency, and it was difficult to come to any conclusions as a result of this.

Whilst statistics supported the contention that there had been more snow in 2009-2010 compared to the previous year there were difficulties to fully cost it, particularly in relation to social care. Members acknowledged that statistics needed to be meaningful, identifying trends and/or deficiencies in certain areas so as to assist guiding local authorities in the future allocation of their resources.

(b) Take-up of the swine flu vaccination across Essex.

A UK vaccination programme for swine flu had started in October/November 2009 for priority groups. Pregnant women had been seen to be at greater risk with this particular virus and had been placed higher in the priority grouping than was usual for other flu vaccines as a result. Percentage uptake by the identified clinical risk groups across Essex ranged from 28.1% in South East Essex to 35.8% in North East Essex compared to an average uptake of 35.9% in the East of England and 37.1% in England as a whole. As swine flu had now been identified as one of the more common strands of flu it had been included in the standard season flu jab for this year.

(c) Update on swine flu and seasonal flu, lessons learned and plans for next winter

In the UK the virus had ceased to cause major outbreaks and illness from March 2010. Debrief meetings had been held at different levels (PCT, County, Strategic Health Authority and national). The Essex debrief had been led by Mid Essex as lead PCT, with Chelmsford Borough Council representing the District and Borough Council view, and included all the partners involved in responding to the Pandemic. Lessons learned were identified and 22 recommendations made. The detailed debrief report was available from Mid Essex PCT Emergency Planning Team. The recommendations would be taken forward by the Pandemic Flu subgroup of the Essex Resilience Forum Health Working Group.

There were joint plans in place between Adult Social Care, Service Placement teams and the hospitals in respect to winter pressures with regular updating of business continuity plans per team and locality. The Adult Safeguards Unit also reiterated the importance of robust business continuity plans to residential and care homes.

The National Security Strategy published in October 2010 had listed a flu pandemic as a tier one threat to the UK, and it was important for Agencies to maintain robust plans to manage any future outbreak.

84. **Interface between Finance and Social Care on Debtor Control – Response to Recommendations**

The Committee received a report (CWOP/41/10) from Ron Hiller, Income Manager, reviewing the impact of changes to the internal debt write-off process. The Committee had last received a report on this in November 2009 (CWOP/27/09). Three particular recommendations had been made in 2009 and Members received an update on each as follows:

- (a) Procedures now in place to manage social care debt should be maintained and the management should continue to have access to appropriate resources

In the past year two separate teams had been cross trained across all areas of the function. The function had been independently and successfully audited by the Institute of Credit Management and also received a favourable report from CIPFA regarding its debt recovery processes.

- (b) The management of the Income Section to determine if an increase in staff numbers would provide a cost benefit to the Authority, and if such a business case could be made, sufficient resource be identified to provide an increase in the level of staffing and resources.

A review of staff numbers had been completed. It was not believed that an increase in staff numbers would significantly justify a cost benefit realisation. An external review of the function by IBM had not found it necessary to make any recommendations for service enhancement. It was acknowledged, however, that there was increasing awareness that in the current economic conditions the number of debt cases was likely to increase. The function was

jointly working with Essex Guardians as it was thought they would be able to highlight early warning signs of financial abuse.

(c) That the write-off policy be reviewed and the procedures streamlined.

The write-off procedures had been streamlined with sign-off now by the Deputy Executive Director, Adults Health and Community Wellbeing. The last billing for debt recovery often was now sent through to be a claim under probate. Management felt that underlying rates of debt recovery were now acceptable.

#### 85. **Extra Care Sheltered Housing**

The Committee received a report (CWOP/42/10 from Susannah Westwood, Senior Planning and Commissioning Officer, and James Wilson, Senior Manager, Adult Social Care Source and Supply, giving an overview of the ExtraCare service in Essex. Increasingly extra care housing was recognised as

an essential component of joint commissioning by health and social care Essex,

as part of supporting independent living. However, in view of the shortage of time

for members to consider the item further, due to other imminent commitments, the Committee **Agreed:**

- (i) to defer further consideration of the item until January;
- (ii) Members submit any questions they might have in response to the paper submitted for the meeting so that answers, and further appropriate information, could be incorporated into an updated paper for the January meeting;
- (iii) That the updated paper in January be clearer as to what Members were being asked to consider;
- (iv) Members should visit the new ExtraCare Sheltered Housing facility at Witham prior to the January meeting.

#### 86. **Forward Look**

The Committee received and noted the Forward Look (CWOP/43/10).

#### 87. **Dates of Future Meetings**

It was noted that the next meeting would be held on Thursday 9 December 2010.

The future meeting dates were noted as follows:

- Thursday 13 January 2011
- Thursday 10 February 2011
- Thursday 10 March 2011
- Thursday 14 April 2011

The meeting closed at 12.32 pm.

**Chairman**