

MINUTES OF A MEETING OF THE COMMUNITY WELLBEING & OLDER PEOPLE POLICY AND SCRUTINY COMMITTEE HELD AT COUNTY HALL, CHELMSFORD ON 9 SEPTEMBER 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 | Mrs J H Whitehouse (Vice-Chairman) |
| | B Wood |
| * T Higgins | |
| S Hillier | |
| L Mead | |

* Present

Councillors A Naylor (Cabinet Member for Adults, Health and Community Wellbeing), B Dick and D Robinson (for Item 63) were in attendance.

59. Attendance, Apologies and Substitute Notices

The Committee Officer reported apologies had been received from Councillors S Hillier (for whom Councillor E Hart substituted), R Pearson, C Riley, J Whitehouse (for whom Councillor T Higgins substituted), B Wood and Ms M Montgomery, Deputy Co-chair Essex AH&CW Older People's Planning Group.

60. Declarations of Interest

Councillor T Higgins	Chairman of Colchester YMCA which receives funding from the Supporting People Programme
	Trustee of St Mary Magdalen Almshouses, Colchester which provided flats for people with learning difficulties
	Part-time carer of a young person with physical and learning difficulties

61. Minutes of last meeting

The Minutes of the meeting of the Community Wellbeing & Older People Policy and Scrutiny Committee held on 8 July 2010 were approved as a correct record and signed by the Chairman subject to the attendance record being amended to reflect that Councillors Mead and Wood were in attendance.

62. Review of Occupational Therapy Service

The Committee received a report (CWOP/30/10) providing initial feedback on an internal review of the Occupational Therapy Service being undertaken. Pauline

Holroyd and, Liz Chidgey, Deputy Executive Director, Adults, Health and Community Wellbeing, were in attendance to present and support the item.

(a) Review objectives

The review aimed to identify improved processes to reduce delays and maximise the use of resources, concentrating on timely assessments, and to generate savings in domiciliary care and residential provision. Any processes identified for improvement during the overall evaluation would be implemented as soon as possible and, where appropriate, documented before the end of the review although they would not obscure the longer term role of the review. The progress report submitted to the Committee comprised short term activity and further outcomes were expected on a week by week basis.

(b) Backlog of assessment cases

Between 13 August and 6 September 2010, a backlog of 600 assessment cases had been cleared across the County in addition to normal work load. Members questioned whether such remedial action could not have been taken earlier and whether staff attention had been too concentrated on other performance indicators. Often assessments could not be completed with one visit to a client and outstanding assessment visits for qualified staff often would build-up. Management had recently managed to divert dedicated resources from other operational areas temporarily to specifically reduce the backlog but this was not extra resourcing that would be ordinarily available on a day to day basis and was not a long-term fix. ECC had to prioritise its response to referrals with the majority of the priority cases dealt with by Social Care Direct within 24 hours and others by Community Assessment teams within 28 days. The backlog of assessments essentially related to lower priority cases and it was these that management were trying to address as part of the current review. Each locality director had operational authority and responsibility to determine how they managed their own human resources in the most efficient manner possible. It was acknowledged that in the current economic environment there would be further cost pressures particularly in relation to the equipment budget.

(c) Number of assessments

It was **agreed** that details on the number of assessments per year, the number of qualified occupational therapists and the average wait for an assessment would be provided to the Governance Officer for distribution to Members. It was stressed that there were significant numbers of support staff in addition to qualified occupational therapists and between them they often would provide intermediate support (for example over the telephone) to a client prior to a home visit and formal assessment. ASC management were aiming to increase the number of assessments undertaken each day by an occupational therapist facilitator by reducing the associated administrative tasks they currently had to complete; also, by going out with the adaptive equipment at the time of the assessment it had reduced the overall time required for assessments. However, a full van of adaptive equipment and a full weeks worth of assessments was required for optimum efficiency.

(d) The occupational therapist profession

Whilst an occupational therapist was a generic professional term with some common core skills there were different skill attributes used and different skill-sets developed in different service situations; in particular hospital based therapists would specialise in patient treatment in preparation for discharge, whilst therapists based at Essex Cares would specialise in re-ablement skills and ECC based therapists would have specific skill-sets to help clients manage within their own home environment and adapting to their new circumstances. The skills of occupational therapists in different service areas were complementary and not necessarily duplication. At various times in the past there had been an attempt to integrate the different specialism strands for occupational health and any future attempt would need to include both health and social care and be part of the wider work on strengthening commissioning. Even if such an integration were completed within one organisational unit there would remain a mix of different skill-sets within the overall service. Whilst training could be more varied to increase the flexibility of skill-sets for occupational therapists there would remain an issue with the legal responsibility framework with ECC still having certain statutory responsibilities for social care reviews which prevented a full handover to clinicians at hospitals or elsewhere. The new NHS White Paper could assist in providing a new legal framework for accountability and responsibility which reflected changes to service provision. In addition, there would be future opportunities to work closer with the health sector and to re-enforce a clearer distinction between being a commissioner and provider of services.

(e) Responsibility for assessments

There were no plans to significantly increase the proportion of self employed occupational therapists employed (currently approximately 10%) although, as vacancies arose, local management had the option to recruit a self employed therapist if funding permitted at the time. Members queried whether there was an intention for a whole 'system change' acknowledging that the majority of assessments were conducted outside the hospital environment in any case and that resourcing should be targeted accordingly. It was confirmed that a significant number of straightforward assessments already were conducted on ECC's behalf in the hospital environment. However, full occupational therapist involvement was necessary in more complicated and specialist areas where mistakes made on prescribed adaptive equipment could be costly: grant authorities could be reluctant to fund again further adaptive changes.

(f) Conclusions

One of the aims of the Target Operating Model was to give better guidance on access points for services and equipment. Members questioned whether the information available for self-funders making changes was adequate.

Councillor Naylor had met other local authority Leaders in south Essex to discuss the high cost of social care adaptations in the home and rising client expectations. There would be further open public meetings to discuss related issues and an open invite to attend was extended to members of the Committee.

Thereafter the following was **Agreed**:

It was agreed that the Occupational Therapy Service Review should return to update the Committee in December 2010 alongside the Target Operating Model item.

- (i) Adults, Health and Community Wellbeing to consider the right place for occupational therapists to reside;
- (ii) Adults, Health and Community Wellbeing to consider a greater move toward self-employment for occupational therapists;
- (iii) There should be a streamlined, flatter management structure for Occupational Therapists;
- (iv) The occupational therapist service should become integrated. This would remove the legal framework barriers; and avoid the situation of Occupational Therapists being provider and commissioner;
- (v) Adults, Health and Community Wellbeing should give advice and guidance to people on adaptations and Occupation Therapy services;
- (vi) There should be reinforcement that safeguarding issues are a critical function of the role of Occupational Therapists.

63. Supporting People Action Plan

Members received a report (CWOP/31/10) on the work of the Supporting People Programme (SPP) and actions being taken to address the removal of the Administration Grant and the reduction in the Programme Grant. Simon Harniess, Head of Supporting People and Councillor Derek Robinson (Chair of the Commissioning Body for Older and Vulnerable People) joined the meeting.

(a) Overview

The SPP was a cross-cutting commissioning programme that supported a range of vulnerable people in the community. In addition to commissioning the SPP managed the performance of service providers, provided strategic planning and a service review to ensure quality and contributed to safeguarding of vulnerable people.

SPP had been funded from the Department of Communities and Local Government via an Administration Grant (which paid for the SPP Team) and a Programme Grant (which was used to commission services). From 2010 both elements were to become part of the Area Based Grant so decisions on how the grant was to be spent would be taken locally. However, there would be a shortfall in funding compared to previous years and a review of the SPP function was underway.

(b) Member discussion and concerns raised

Members questioned whether the SPP was duplicating services that already were or could be commissioned, supervised and provided elsewhere.

Members generally discussed the appropriateness, cost effectiveness and best provision for support of vulnerable people and, where applicable, whether such issues should be addressed whilst the individuals were in social care and not afterwards. Although some individuals from a social care background were the most challenging clients in lacking the most basic social skills it did not mean that work to develop social skills had not already been undertaken whilst they had

been in the social care system. In any case, not all vulnerable people had transitioned from the social care system and specific support from SPP could address some particular needs of vulnerable people. SPP viewed that the key in many cases was to provide vulnerable people with security and stability in their own accommodation, and provide the opportunity to gain independent living skills. SPP also had floating support services which could be used when needed and which kept otherwise vulnerable people out of the formal care system.

Members raised issues on the high level of paperwork for service reviews and performance management and that the review of the service should be looking to identify savings in the administration of the programme. Ms Chidgey confirmed that the AHCW directorate were looking at how best SPP could provide added value bearing in mind (i) that other local authorities had integrated the provision of similar services differently in their organisations and (ii) how to commission the services differently so that they could be provided in a more timely, cost effective and less bureaucratic manner.

Councillor Robinson advised that the membership of the Supporting People Commissioning Body included representatives from district councils, local authority housing strategy leads, the probation service and the PCTs and none of these had indicated alternative ways to provide the SPP services or that they were willing to provide the coordination, resources or funding to provide the SPP service in place of ECC.

(c) Conclusion

Members suggested Service Level Agreements could regulate and monitor contractual performance of the commissioned services provided by SPP. Members concluded that the present administrative arrangements could not be justified in the current financial climate. The Committee **Agreed** to recommend that Service Level Agreements be drawn up with providers of commissioned services from the Supporting People Programme and that operational management be requested to provide a further report to the Committee in due course.

Councillor M Webster then left the meeting.

64. Report of the Absence Management Task and Finish Group

Members received a written update report tabled at the meeting from Councillor Hillier regarding the outturn figures for absences from work in the AHCW Directorate for 2009/10, which had hit the target of 4.8% absence, and a new target for 2010/11 had been set at 4.5%. Smarter targets for departments were needed and the Task and Finish group hoped to see a demonstration of the new Absence management program and to look in more depth at a breakdown of long-term absenteeism. A further report would be made to the Committee in due course.

65. Report back from Adult Social Care Provider Services

Members received an update report (CWOP/32/10) on the actions taken as a result of the recommendations made by the Committee in July 2008. Marian

Clark, Change Manager, and Janice Shwky, Services Manager Residential & Short Breaks joined the meeting.

(a) Review of services and lessons learnt

The report set out developments, after an internal review, in services for people with a learning disability with respect to residential care services operated by Essex County Council. A review of decisions taken to date had been considered by the Committee in March 2010 and the Committee had asked for an update against four headings: the residential review; PFI prospects; closure of Berecroft in Harlow and changes associated with economic improvements.

Members questioned lessons learnt from the staged move out of residents from the Berecroft home in Harlow into more independent supported living accommodation. This approach was consistent with, and supported, the overall AHCW philosophy to empower people as much as possible to become more independent.

There had been a consultation with residents and carers in 2008 and 2009 prior to the move and subsequently a residents' survey in 2010 after most of the moves had been completed. Members discussed some of the feedback particularly concerning managing the expectations of residents. In addition, the economic downturn during the process had necessitated a change in the original plans and it was now recognised that there should have been an alternative plan formulated at the beginning for such a circumstance.

Members queried whether there was the opportunity for shared living in these smaller living units as many of the people would have lost the intimacy of living as part of a family group.

(c) Future funding of supported living

The County Council had submitted an application for Private Finance Initiative funding to the Department of Health in support of its personalisation agenda and specifically to improve supported living for vulnerable people in Essex; the application was on hold as all PFI expenditure now would be subject to wider decisions and review as part of the Comprehensive Spending Review which would report in October 2010. However, with demand outstripping supply of supported living accommodation, AHCW also were looking at alternatives to PFI funding, including working with registered social landlords and local authorities, and talking to private companies with a view to converting current residential homes to supported living accommodation.

(d) Conclusion

After discussion it was **Agreed** that the Committee receive the report and note the progress made in respect of:

- (i) The completion of the review of residential care offered by Essex County Council;
- (ii) An update on the position of the PFI review;
- (iii) Feedback on the closure of a care home in Harlow, including the views of carers and that the staged move out of Berecroft home should be fully

documented to ensure the problems encountered were not repeated in the future.

- (iv) AHCW should continue the review of all supported living arrangements by looking at all realistic opportunities, including existing social and private landlords to rent out property to people with Learning Disabilities; together with the PFI credits avenue that were currently being pursued.

66. Equity and Excellence: Liberating the NHS

The Committee received a report (CWOP/33/10) outlining the changes proposed to the structure and operation of the NHS, published in a Government White Paper in July 2010. Members discussed certain aspects of the proposals including speculation on the operation of GP commissioning consortia. It was confirmed that whilst the proposals aimed to improve communication flows they would not change data protection and patient/doctor confidentiality protocols.

After the discussion the report was **noted**.

67. Forward Look

The Committee received the Forward Look (CWOP/34/10) noting the changes to the schedule of business as a result of discussions at the meeting (further report back on Supporting People Action Plan and from Adult Social Care Provider Services).

68. Dates of Future Meetings

It was noted that the next meeting would be held on Thursday 14 October 2010.

The future meeting dates were noted as follows:

- 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 12.50pm.

Chairman