MINUTES OF A MEETING OF THE COMMUNITY WELLBEING & OLDER PEOPLE POLICY AND SCRUTINY COMMITTEE HELD AT COUNTY HALL, CHELMSFORD ON 14 OCTOBER 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)
	S Hillier		B Wood
*	L Mead		

* Present

The following also were in attendance: Councillors A Naylor (Cabinet Member for Adults, Health and Community Wellbeing) and A Brown (Deputy Cabinet Member), P Coling, Co-Chair and Ms M Montgomery, Deputy Co-chair of Essex AH&CW Older People's Planning Group.

69. Attendance, Apologies and Substitute Notices

The Committee Officer reported apologies had been received from Councillors M Garnett, T Higgins, S Hillier, R Pearson, J Reeves (for whom Councillor E Hart substituted), C Riley, J Whitehouse, and B Wood. Best wishes were extended to Councillor Hillier for her speedy recovery.

70. Declarations of Interest

No declarations of interest were declared.

71. Minutes of last meeting

The Minutes of the meeting of the Community Wellbeing & Older People Policy and Scrutiny Committee held on 9 September 2010 were approved as a correct record and signed by the Chairman subject to the attendance record being amended to reflect that Councillor Mead was in attendance and that Councillor Dornan was not in attendance.

72. Serious Case Review: Report Back on Action Plan

The Essex Safeguarding Adults Board (ESAB) had undertaken a serious case review to consider the action taken by various agencies during the period leading to the relocation of residents from HX Care home in November 2008 following safeguarding concerns and the home being unable to meet required standards of care; an Independent Report was subsequently produced. The Committee received a report (CWOP/34/10), presented by Paul Bedwell, Business Manager for the Essex Safeguarding Adults Board, and Sue

Hawkins, Senior Operational Manager in Adults Health and Community Wellbeing, comprising an updated Action Plan from the Independent Report.

The majority of the actions in the action plan had been completed within required deadlines. Where deadlines had not been met only minor slippage had occurred largely due to projects requiring sign-off by the Safeguarding board at its next meeting later in the month.

During discussion the following issues were raised, highlighted and/or discussed:

(i) **Communication with the Care Quality Commission (CQC)**: A protocol had been developed setting out what information would be shared between ECC and CQC where concerns existed about the quality of care being delivered by a care provider and/or there were safeguarding issues. A further review would take place once organisational changes within the CQC had taken place. At the moment the CQC were using a star rating criteria to which the CQC gave ECC early access prior to publication. In future it was going to be optional for providers if they wanted to take the star rating and this raised issues re: monitoring as ECC would not have readily available information on standards as at present. It was not clear how the process and method of reporting would look in future and further clarification would be sought from the CQC at the next quarterly information-sharing meeting with the CQC. The quarterly meetings also included representatives from Primary Care Trusts (PCTs) and other stakeholders and discussed operational matters in a closed meeting format. If ECC management continued to have concerns beyond that they would report them back to the Committee. The challenge for ECC would be to continue to build upon existing good practice in commissioning arrangements in the future when dispersal of funds to care providers was likely to be made more directly.

(ii) **Police and Safeguarding:** All agencies now had safeguarding policies that set out clearly the circumstances in which police should be alerted in cases of suspected institutional abuse in line with the SET guidelines. Partnership working on safeguarding had significantly improved. Social Care Direct had been taking ‘live’ calls since April and now was usually the first ‘port of call’ for safeguarding concerns. The Police were linked with the safeguarding reporting process and would follow-up where appropriate. Over recent months there also had been closer working with the Children’s Safeguarding Services.

Despite the imminent threat of spending cuts as a result of the Coalition Comprehensive Government Spending Review, ECC did not expect to see a reduction in the Police’s commitment to supporting safeguarding. Members acknowledged the increasing need to raise awareness of safeguarding for vulnerable people and sought re-assurance of an increased role for GPs in the safeguarding process and it was agreed to take this up at the next meeting of the Committee when appropriate

health and social care representatives would be present as part of the consideration of the Safeguarding Annual Report.

(iii) **White Paper:** Adult Safeguarding did not appear to be specifically mentioned in the White Paper and Members felt that its profile and regulatory framework needed to be brought into line with that of Children's Safeguarding.

(iv) **Essex wide institutional abuse protocol:** One of the recommendations of the action plan had been to develop an Essex wide institutional abuse protocol. The protocol had been completed and a Safeguarding Adults from Exploitation (SAFE) Team also were now in place who had specific knowledge and expertise in managing institutional cases; They would support the locality teams around case management whilst ensuring a consistent approach. The SAFE Team initiative had been started eighteen months ago and was currently being reviewed for the first time. It was proposed that there would be report back on this review to the Committee in January.

(v) **Early involvement of advocacy services in situations of serious concern in residential establishments:** Copies of Essex Institutional Abuse guidelines to be provided to Members to assist their visits to care homes.

(vi) **Joint safeguarding board arrangements across Southend, Essex and Thurrock:** It was reported that there were ongoing discussions with Southend and Thurrock unitary Authorities to try and avoid duplication and encourage joint working. The appropriate Cabinet Member and Chairman of CWOP would be briefed if issues remained after these discussions.

(vii) **Access to the Essex Police PROTEC system** would shortly be available to the Adult Safeguards Unit and systems had been developed to ensure direct referrals were made between the two organisations. ECC would be the first Council to be given such view-only access to the system which included information on vulnerable people.

(viii) It was confirmed that checks to ensure that there was no abuse of the personal expenses of adults in residential care by family members or others were part of a CQC Inspection and also the responsibility of ECC's own quality monitoring team.

(ix) ECC was working with Trading Standards and the police to further improve safeguarding arrangements for vulnerable people being supported to live at home rather than entering formal regulated residential care.

(x) It was confirmed that all occupational therapists either had undertaken or were programmed to undertake safeguarding training. In addition,

safeguarding practitioners held regular meetings with all the occupational therapist teams.

73. Liberating the NHS White Paper

The Committee received as background information the Essex County Council response to the formal Government consultation on the NHS White Paper 'Equity and excellence: Liberating the NHS' (CWOP/38/10).

PCTs currently commissioned primary and secondary care and contracted with GPs, hospitals, prescriptive services and mental health trusts amongst others. The PCTs were responsible for approximately 80% of the NHS budget. Proposals to give GP consortia responsibility to commission these services in future would be a huge change and further information on the proposals at the next stage, a Public Health White Paper at the end of the year, was keenly awaited.

Members discussed future responsibility for holding drugs budgets and that, whilst this would likely transfer to GP consortia, the National Institute for Clinical Excellence (NICE) would continue to oversee and advise. In preparation, ECC had started a local pilot project jointly working with GPs, PCTs, hospital trusts and others to improve efficiency in the prescription of drugs, the types of alternative treatment and to discuss the prescription of expensive drugs. An emerging issue was the increasing availability of drugs over-the-counter and via the internet without prescription and the increased risk this could pose to vulnerable people.

Members raised concerns about the lack of mental illness awareness shown by support staff in GP surgeries and agreed that this would be an appropriate question to raise when the mental health partnerships next appeared before the Committee in December.

Notwithstanding the proposed changes in the White Paper it was noted that there would still be an internal scrutiny function to hold Cabinet to account although the actual operation and remit of the Health Overview and Scrutiny Committee could change. External scrutiny would be from the Health and Wellbeing Board which would look at the commissioning cycle and audit results.

74. 2009/10 Telecare Pledge Scrutiny Report

The Committee received a report (CWOP/35/10) on the Telecare Pledge of 2009/10 which was introduced by Gary Raynor, Community wellbeing Delivery Manager, and Sharon Longworth, Senior Manager, Strategic Planning and Commissioning. The pledge provided an opportunity of a one year free introductory offer to promote and support independent living for elderly and vulnerable citizens of Essex. It also aimed to create a greater awareness of the service in the wider community whilst acting as a prevention measure to cope with the demographic trend facing the county. From direct engagement activity with the public it had been recognised that the public did not

understand the concept of telecare and a decision was made to rebrand the service as “Home Safety” as it could then also be easily linked to home sensors such as smoke and CO2 detectors as well which were within the public’s comprehension.

During discussion the following issues were highlighted, raised and/or discussed:

(i) There had been an increase of 23% in all Telecare commissioning activity achieved during the pledge year. The longer the user had had the benefit of Telecare, the more satisfied they became with satisfaction rising to 100% after 9 months use. The increasing satisfaction over time also supports the ECC service offer of a free twelve weeks trial period to allow users to become familiar with the service and also resulted in low rejection rates at the end of the free trial period. However, initial take-up rates of Telecare varied by area. Disappointingly, there were some OP teams from which one would have expected to have seen higher volumes of commissioning due to the age demographic in their area. Members requested and it was agreed that a summary report of commissioning of Telecare by volume and by team would be provided to the Committee as well as any information available specifically on commissioning by mental health trusts.

(ii) A number of partner organisations had supported the Telecare Pledge Road Shows and promotional activities throughout the year resulting in ongoing relationships and joint working.

(iii) In the current adverse economic climate ECC increasingly would look to work jointly with PCTs on joint commissioning plans for Telecare to minimise hospital admissions and maximise timely patient discharges. There is a joint funding arrangement for medication dispensers across the North East and Mid PCT areas and ECC were looking to push and extend that process through specialist discharge teams and the community matrons scheme.

(iv) There is an option for citizens to self fund a telecare service but most decide to accept the ECC Telecare solution in order to take advantage of the offer to get the first twelve weeks use of Telecare free and then self fund thereafter. There is currently a 96% retention of service after the expiry of the free period.

(v) The Committee discussed the cost effectiveness of putting in place an automatic and elementary Home Safety package for vulnerable people returning home after discharge from hospital. Such provision would still have to be needs-based and could form part of the re-ablement pathway whilst allowing further time for a formal assessment to be made. Increasing focus on preventative technology and activity monitoring, to avoid the cost of hospital re-admissions, was part of the ongoing Tricordant review.

(vi) As a prevention measure the Telecare pledge had concentrated on public facing activity to raise awareness and informing front-line assessment teams but, going forward, would look to also include Financial Benefits Advisers and third sector organisations that provided befriending services for the elderly and vulnerable. The standard free assessment training offer for all organisations continued to be promoted during the pledge year and has increased its capacity in the current year due to demand.

(vii) A Telehealth Project Outcome Report was tabled at the meeting. The pilot scheme had been undertaken by Central Essex Community Services with the help of an ECC preventative technology grant in 2008. Part of the grant money was allocated for the purchase of 40 Doc@Home units with blood pressure monitors, pulse oximeters and weighing scales. Alerts could be set up if test results or responses fell outside defined parameters. Doc@Home was used for certain patients with long term conditions. The biggest costs in providing Telehealth was the initial capital outlay. Initial funding of the pilot had not permitted entering into any arrangements for the joint commissioning of the service with PCTs. However, ECC did not want to lose current momentum in using preventative technology to increasingly support people living at home and assist hospital avoidance. Consequently ECC were working with the PCTs on locality delivery plans that included preventative technology work streams and would establish parallel work streams with GP consortia.

75. Member's visits to Older People's residential care homes

The Committee received a report (CWOP/36/10) from Matthew Brown, Quality and Development Officer, on the programme of Member's visits to residential homes. Mr Brown stressed that the visits made by members and the information and intelligence received from them on the quality of care at residential homes was valued by officers.

During subsequent discussion, amendments were made to the list of members to undertake visits as a consequence, primarily, of Member illness and rehabilitation from illness. Members of the Committee were recommended to take a lead in arranging their own visits and to promote the programme to other Members.
Mr Brown advised that it was preferable to receive Member reports electronically after a visit. Care homes did receive feedback on these reports in a summarised and non attributable format.

76. Forward Look

The Committee received the Forward Look (CWOP/34/10) and noted that the report back from Libraries: Goldlay Gardens and Heritage and Culture now would appear before Committee in December and not November.

Draft scoping documents for future scrutiny into (i) Homelessness amongst former forces personnel in Essex and (ii) Meals on Wheels, were tabled for members to review outside of the meeting and provide feedback to the Governance Officer.

77. Dates of Future Meetings

It was noted that the next meeting would be held on Thursday 11 November 2010.

The future meeting dates were noted as follows:

- Thursday 9 December 2010
- Thursday 13 January 2011
- Thursday 10 February 2011
- Thursday 10 March 2011
- Thursday 14 April 2011

The meeting closed at 12.15pm.

Chairman