

MINUTES OF A MEETING OF THE COMMUNITY WELLBEING & OLDER PEOPLE POLICY AND SCRUTINY COMMITTEE HELD AT COUNTY HALL, CHELMSFORD ON 14 JANUARY 2010

Membership

* W J C Dick (Chairman)	* R A Pearson
* M Garnett	Mrs J Reeves (Vice Chairman)
* T Higgins (Substitute for L Barton)	Mrs E Webster
* S Hillier	Mrs M J Webster
* L Mead	* Mrs J H Whitehouse (Vice-Chairman)
	* B Wood

* Present

1. Apologies and Substitute Notices

The Committee Officer reported apologies from Councillor L Barton with Councillor T Higgins substituting. Councillor C Riley, a named substitute of the Committee regretted that he was unable to attend the meeting.

2. Declarations of Interest

Councillor W Dick declared a personal interest in item 5 – Adult Safeguarding Annual Report, due to being on the Internal and Joint Safeguarding Boards.

3. Minutes of last meeting

The Minutes of the meeting of the Community Wellbeing & Older People Policy and Scrutiny Committee held on 10 December 2009 were approved as a correct record and signed by the Chairman.

4. Care Quality Commission Inspection

As a matter of urgent business the Chairman drew the Committee's attention to the pending Care Quality Commission (CQC) Inspection of Adult Social care services.

Liz Chidgey, Deputy Executive Director, advised the Committee that a full inspection of Adult Social Care services would be undertaken by the CQC at the end of March 2010.

A briefing on the Inspection is attached as Appendix A.

It was **Agreed** that:

1. Following a suggestion by the Chairman briefings are to be provided to the Area Forums on understanding and awareness of safeguarding issues in March.

2. The service area would inform Members of the details of the public forums being held enabling the community to meet the inspectors.

5. Progress on the delivery of the Telecare Pledge

The Committee considered report CWOP/01/10 from Sharon Longworth, Interim Senior Manager, Strategic Planning, reporting on progress of the delivery of the Telecare pledge. Gary Raynor, Telecare Services Development Manager and Pauline Holroyd, Senior Operational Manager, were also in attendance for this item to respond to questions from Members.

The Committee was informed that the pledge was to provide a free Telecare service to Essex residents over the age of 85 for a year. The aim was to assist people in staying in their own home. It also provided an opportunity to build stronger links with partners. There had been good support for the initiative from Members and officers. There had been a comprehensive approach to marketing and promotion of the pledge, however despite that the take up of Telecare had been lower than expected and as a result was now being offered to over 80s.

Members raised a number of concerns regarding the marketing and promotion of the pledge, particularly how it had been promoted through the health service and GPs, where adverts had been placed and reaching people who were housebound. The following response was provided to these concerns. It was confirmed that the team worked closely with most of the Primary Care Trusts (PCTs) to develop tele-health. It had also been actively promoted through mental health services. District Nurses were at the forefront of delivering this service but it was still fairly new. Team managers had been informed. Contact had been made with 200 GP surgeries with a letter sent to patients where addresses were known. Adverts had also been placed in newspapers and magazines, including the normal range of local newspapers, BBC Essex radio, hospital magazines, the Women's Institute newsletter, direct mail, literature and face to face information. During December there had been additional people helping to promote in public places such as shopping centres and would be promoted at the Later Life Exhibition. The Independent Sector had been sent a number of leaflets. There were still concerns that the message may not be getting through to people who rely on carers and can't get out and about. Articles had been included in the Essex County Council publication sent to all households in Essex.

Members also had concerns that that people may be resistant to the new technology, be unaware of the opportunities and benefits or fear that it will be too expensive after the first year. In response it was acknowledged that it was still early days in terms of people understanding the potential of the technology but it was hoped that this would change in time. There was an integrated commissioning and delivery plan. However, there was a challenge around changing the culture of the practice, putting together different support plans and bringing this technology into reablement. In terms of the concern over cost, it was explained that concerns had been raised and there had not yet

been a full analysis. The cost was variable depending on the area and whether the service was linked to Careline. There had been very few people cancelling the service after the free term and it could be considered for inclusion in a care plan. A question was raised regarding whether the cost saving after the first year of providing the service free could go towards off-setting the cost of the service for people. In response it was explained that the savings had already been off-set in other areas and such a scheme would be difficult to administer.

Members questioned whether libraries had been used sufficiently for promotion of the pledge and asked whether the home library service had been used. In response it was noted that the home library service would be a good service to link in with. Suggestions would be taken on board for future promotions. However a Member pointed out that the home library service did not exist in some areas due to lack of take-up so there were still people who would not be reached.

The Chairman questioned whether the term 'Telecare' was the correct word to use. It was felt that this could lead to misunderstandings of what the service was. In response it was explained that the culture change amongst staff was taking time. It was recognised that softer terminology may help. A suggestion was made that 'Home Safety Service' may be a more meaningful phrase. It was noted that this was the direction the service was moving towards.

Further concerns were raised about the promotion within GP surgeries. Some did not seem to have the information and some had placed it altogether where people wouldn't necessarily see it. It was felt that some GPs may need some training and it was suggested that discs could be sent to those surgeries with a television system. In response it was explained that the CQC would be looking across the health sector and Adult Social Care contracts and this may lead to changes in culture. Information on where people had found the information and when was being gathered through the reply slips so that the team could learn from which methods are successful. In response to the suggestion of a disk it was explained that many of the television services were corporate services run by private companies and the costs would be prohibitive.

The graph on page 3 of the report was clarified to the Committee with the dotted line showing the monthly uptake by new users. The other lines showed the cumulative targets and costs. A higher take-up rate had been predicted. The age range was being lowered to those of over 80 years. Social Care Direct would be assisting by taking information on people who call in to be followed up directly. The service was optimistic about the take-up. It was clarified that the proportion of commissioning by Occupational Therapists and Social Workers was lower than other organisations.

It was **Agreed** that:

An update on the take-up and effectiveness of the pledge would be provided to the Committee in 6 months.

6. **Adult Safeguarding – Annual Report**

The Committee considered report CWOP/02/10 from Stephen Bunford, Operational Service Manager, Adult Safeguards Unit, on the Annual Report of Adult Safeguarding. Paul Bedwell, Business Manager, Essex Safeguarding Children Board & Essex Vulnerable Adults Protection Committee, Lynne Simmons, a representative from the Independent Care Sector, Nick Burston, Vulnerable Victims Coordinator, Essex Police, Penny Rogers, Mental Capacity Act Consultant, Sue Hawkins, Senior Operational Manager - Social Care Access Services & Adult Safeguards and Stephen Bunford, Operational Service Manager – Adult Safeguards Unit, were all in attendance for this item.

Paul Bedwell gave the Committee an overview and set the context to the report. The Essex Safeguarding Board was statutory and multi-agency. Its role was to look at how Adult Safeguarding was working across Essex and ensure consistency. The Board also have oversight regarding training across Essex and drew together reports from organisations. There was a considerable amount of communications work. A new initiative had been set up with Southend and Thurrock for a pilot helpline (equivalent to Childline) providing advice, information, help and referrals (Ask Sal). The pilot was being promoted across Essex but officers would welcome suggestions on how best to do this. As the over-arching umbrella body the Board worked on the working guidelines, strategies and communications.

Stephen Bunford explained the changes to the referral process. Previously referrals went through Social Care Direct and were passed onto the appropriate team. The process has now been improved and all referrals are now sent to the Safeguards Team to track, log and deal with in a timely manner. If concerns are raised they go directly to the Safeguards Unit. The second stage is to investigate and ensure they are not malicious. The team always try to keep the service users voice heard either through a member of the family or an advocate. The aim is to keep the process transparent. It was made clear that safeguarding is everyone's responsibility.

The team made available to Members leaflets/information on the following:

- Guide to Adult Safeguards Unit
- Revised Structure Chart
- Leaflet on the Ask Sal helpline
- Safeguarding Adults Staff Handbook

Independent Mental Capacity Advocate (IMCAs)

Following a question about the use of IMCAs it was explained that under the Mental Capacity Act, if a vulnerable adult is trying to make a decision or there is an allegation of abuse by a friend or family member they have a legal right to an IMCA. There is an assessment form which requires two people to carry out an assessment. The unit tries to ensure that everyone gets an advocate where necessary. The Unit was challenging the figures given in the report relating to the number of requests for IMCAs and the number deemed appropriate. It was explained that the Safeguarding Unit assess the requests and only pass on the ones that are appropriate, whereas the process with other authorities is to pass on all requests. In response to a question regarding this process it was reported that the Mental Capacity Act has set out in statute

that local authorities have to ensure that IMCAs are available. The Unit considers its approach to be appropriate, sensible and offering best value. Good quality training has been provided for IMCA referrals ensuring better quality at an earlier stage.

In response to a question Nick Burston advised that Essex Police had little to do with IMCAs. However, where there were serious offences and the person was a victim or witness an intermediary may be brought in who may be an advocate or IMCA, but they would be acting in a separate role for this purpose. The Independent Sector representative confirmed that they value the IMCAs involvement in decision making.

A question was raised regarding whether IMCAs specialise in different areas. In response it was explained that many of them were from Age Concern and were able to carry out the role for anyone over 16. However, as yet the unit had not had such a case for anyone under 18. The unit tries to meet specific needs and will seek specialist help where necessary.

Annual Report

It was explained that the report was from the Director of Adult Social Care. The officers apologised that the report had been brought before the Committee later than originally planned. This was due to changes in the unit and trying to provide the most accurate information. The report aimed to explain how everyone is responsible and about working with other organisations.

Concerns were raised relating to what could be done to address the issue of cyber bullying and abuse of service users' computers highlighted on page 12 of the report. In response it was explained that there were various types of bullying, harassment and abuse through IT and text messaging. There had not been much progress in this area yet but it was being looked into and the libraries were aware of it to ensure that library computers were not being used for this purpose. A joined up approach was being taken to try and address this. Nick Burston, Essex Police confirmed that harassment is a crime and added to this there could be an element of disability hate crime involved where people with learning disabilities and mental health issues have been targeted. It is often possible to work out who is carrying out the crime through the use of computers in libraries among other sources. The evidence is presented to the Crown Prosecution Services who decide whether or not to prosecute. The library service is able to stop people from accessing libraries where they are carrying out abuse. It was also reported that the unit was working with colleagues in the Children and Young Peoples Service where there is an Anti-Bullying Co-ordinator for Essex.

A Member pointed out that when events are organised and services promoted, that Members need to be invited and internal promotion of events needs to be better.

In response to a question regarding the Dignity in Care Campaign mentioned on page 17 of the report, it was explained that it had been difficult to give a full

explanation of everything within the report. This particular campaign would have a bigger slot in the next Annual Report. The Service Area would be happy to provide a Member briefing on this campaign, if requested.

A Member questioned whether Council marketing teams had been used on the promotion of the Ask Sal helpline mentioned on page 4 of the report. In response it was explained that the Communications Team had been used along with other routes used to advertise Telecare and it had been advertised in libraries and GP surgeries.

A question was raised on the table on page 13 of the report setting out the number of applications for Deprivation of Liberty (DoL) within different service user categories. Such applications were made where service users lacked the capacity to make a decision about their care or those at risk. The Service Area found the number of applications encouraging as people were recognising the need for a DoL and making appropriate applications. Essex had one of the highest numbers of DoL applications to protect service users. There was a professional understanding of the need to go through this process and if authority is granted there is still a right to appeal and advocates can provide fundamental safeguards. The Independent Sector representative confirmed that the training from the County Council for care providers had been really useful. The process involved a number of assessments. The Committee was advised that confirmation on the meaning of the two sets of figures given in the table would be provided.

A Member asked about the consultation mentioned on page 9 of the report on the SET (Southend, Essex and Thurrock) Guidelines. It was explained that it had been targeted. Service users and victims had been consulted with and the responses considered to take forward. The Board members and services had also received the consultation.

Members had found the SET conference a successful event last year and asked when it was planned to be held this year. In response it was confirmed that the plan was to hold the conference in September 2010 and the Service Area was currently looking for a location on south Essex. However this was proving difficult as in 2009 there were around 300 attendees at the conference.

A question was raised regarding how the DoL under the Mental Capacity Act fitted in with the Care in the Community approach which the Government was pushing forward. In response it was explained that there shouldn't be a conflict between the two. It should allow for citizens to consider their future with the appropriate safeguards in place and allow people to plan for the future. It was then asked how this linked with the Powers of Attorney. In response it was explained that the 'Lasting Power of Attorney' replaced the old system in the Mental Capacity Act and provided more safeguards, as there was a need to be registered and there was more protection for the service user if it was mis-used. There were two types of Lasting Power of Attorney – Personal Welfare and Property or Affairs. It allowed for up front planning whilst people have the capacity. It could also come in temporarily where needed and revert back. The

Chairman suggested that this option for Lasting Power of Attorney needed to be publicised.

Action Plan

It was explained that this was the Action Plan for 2009/10 and the next report would outline the outcomes from this action plan. The Chairman requested an update on progress in 3 months time. The Service Area confirmed that quarterly updates on the actions could be provided.

Nick Burston, Essex Police, confirmed in response to a question that previously the Police had not received all referrals that they should have done. Some training work had been done on what a crime was in this area. There was on-going work and links were being formed with the database of information as cross-overs had been found between types of abuse and domestic instances. Linking in with other information could help to build a better picture. Information sharing was being taken forward and opportunities to link up being looked at.

A question was raised on how effective GPs were in the safeguarding process. It was confirmed that a lot of work was ongoing in this area. A session had been held in West Essex on mental health care and safeguarding. A lead person had been put in place in each Primary Care Trust (PCT). More interest was being shown by practice managers in surgeries for training which was being offered to surgeries. There was also training for all health commissioners. There was regular training time for learning and regular training slots for GPs on safeguarding adults.

Members requested notification of when the staff newsletter is distributed. It was pointed out that Members receive a different type of communication through the Cabinet Member.

Appendix B – Safeguard Data Analysis

The substantial increase in referrals in West Essex from 2007-08 to 2008-09 and up to October 2009 was questioned. In response it was explained that the figures were more accurate and reflective of each locality. There had been a raised awareness of the issues therefore leading to more alerts which, whilst not always appropriate, was considered better to have them. It was noted that better analysis of the data was needed and more detail in order to compare one year with another.

There was concern about the category in the data marked as 'Not recorded on form'. In response it was explained that at times it had not been possible to get the information particularly where information was gathered at someone's front door or where there was someone in crisis or an anonymous call. It was hoped in these circumstances that information would be gained further on in the process. The issue had been raised within the hospital teams where information hadn't been recorded and the process was being changed to capture the information. The Chairman pointed out that different wording may be more useful as it implied that things had not been recorded at all. It was

acknowledged that it needed to be looked into. Previously people had been allowed to say that there may be a problem but not specify what it was.

It was commented that the data on referrals by service user ethnicity needed to be looked at to see if it was proportional to the community. In response it was reported that a small group had been established with responsibility for ethnic minority issues. They would be looking at how to access ethnic minority groups and find out what they want from the service. Links had been made in Southend with the Asian Women's Unit.

It was commented that carers needs needed to be looked at as well otherwise they were vulnerable.

It was questioned as to why there was also an 'Other' category in the data. In response it was explained that this was where the type of abuse had not been specified which could be due to someone's understanding or multiple factors. Nick Burston advised that some types of abuse such as artifice burglary may be recorded under the 'other' category. However the issue is still recorded as a crime.

Recommendations

- 1. That an update report is brought to the Committee in three months.**
- 2. That further Safeguarding awareness development is given to Members to assist them in their community leadership role. It was suggested that this includes an item at Area Forum meetings.**
- 3. That the safeguarding issue be promoted at corporate level.**

It was reported that there were colleagues across the directorates as safeguard leads, in conjunction with colleagues in the Children and Young People directorate to ensure an understanding of safeguarding.

[Councillor Mrs S Hillier left the meeting after this item at 12.10pm]

7. Complaints Task and Finish Group – Interim Report

The Committee received the interim report (CWOP/03/10) from the Task and Finish Group looking into Complaints.

The first recommendation related to seeing the outcomes of the special group under the Cabinet Member for Adult Social Care specifically addressing the issue of Member complaints. The Deputy Cabinet Member, Councillor Anne Brown reported that getting a process in place had been contentious. Work had been done on the pathways but it wasn't felt to be user friendly so officers were looking into it and it would be brought to a future meeting of the Committee.

The second recommendation related to the need for better signposting needed for complainants to direct them to the relevant local authority.

The third recommendation related to local managers resolving complaints at source, where possible. It was felt that some complaints could have been

resolved much earlier by the local manager dealing with the complainant directly. It had been recommended that this could take the form of a performance indicator.

It was confirmed that the report and recommendations were in line with officer thinking on these issues and they were being discussed.

The interim report had led to a further piece of work looking specifically at the area of Occupational Therapy complaints.

It was **Agreed** that:

1. The Committee noted the interim report of the Task and Finish Group.
2. Further work be undertaken on the area of Occupational Therapy complaints.

8. Forward Look

The Committee received report (CWOP/04/10) setting out the current position on the Forward Look.

It was noted that:

- The Serious Case Review scheduled for February 2010 would be deferred to the meeting in March 2010.
- The scrutiny of complaints within the Occupational Therapy Service would be commencing shortly following the scoping of this scrutiny.
- An update on the Care Quality Commission inspection would be brought to the next meeting.
- An interim report on Absence Management would be brought to the next meeting.
- A report of the review of the Learning Revolution White Paper would be brought to the March meeting.
- The committee would reconvene after the March Committee meeting as a Task and Finish Group in private to consider the SAFE Project Review. A preliminary guide was requested by Members to prepare for this review.
- A request was made for a session on adult safeguarding at a future meeting of the Committee. The Chairman will take a report on adult safeguarding to Full Council.

9. Dates of Future Meetings

The Committee noted that the next meeting of the Committee would be held on Thursday 11 February 2010.

The future meeting dates were noted as follows:

- Thursday 11 March 2010
- Thursday 8 April 2010

The meeting closed at 12.25pm

Chairman

CWOPPSC - CQC Inspection briefing

Overview

Full service inspection of Essex County Council's adult social care service underway
Fieldwork commences in March 2010:

- 23,24 and 25 March
- 29,30 and 31 March

The inspection will cover the following areas:

- Safeguarding (core theme)
- Leadership (core theme)
- Commissioning/ Use of Resources (core theme)
- Improved Health & Wellbeing: Older People
- Improved Quality of Life: Older People

AHCW Executive Team leading on co-ordination.

Directorate working group, chaired by Liz Chidgey, which meets every Friday to co-ordinate activity in line with a weekly action plan

Progress to date

Case files

- The case file lists (300 case files in total) were prepared and submitted having had an initial audit of all the files.
- The inspector has identified the 16 case files for review (8 OP and 8 safeguarding) including 8 of these for interview. The 16 case files chosen by the CQC will have the entire file structure converted to the new format
- A full audit of all of the 300 case files has commenced starting with the 16 the inspectors are reviewing. This is being undertaken by the Quality, Standards and Service Improvement team

Submissions

- Public information leaflets were submitted on time, including details of key websites such as Information portal and InfoBase that Social Care Direct use.
- The partner survey list has been submitted (49 partners), we have also written to all of these partners informing them of the inspection and making them aware of the survey.
- Next submission date is 29th January – this submission will comprise an Introductory document, structure charts and summary, and case studies of additional evidence

Work is ongoing on the Self Assessment, draft timetable, and key documents, all of which will be submitted on 9th February. The Self Assessment has been supported by a workshop on 14th January to gather evidence.

Communications

- Weekly updates have begun in the Putting Essex People First bulletin, with supporting communications via This Week
- Weekly Safeguards and Risk Enablement bulletin will now be going out to staff
- Wider communications to ECC employees will begin in early February
- Communications with health partners have been sent asking them to identify a lead contact point
- Letters to SU groups will be sent by the end of this week
- Letters to additional partners will be sent by the end of this week
- Members action plan has been developed with Members briefings being arranged in conjunction with the area forums. Scrutiny meeting receiving some initial training as the meeting
- Briefing schedule for those being interviewed is being finalised, nominations for participants will be made next week

Open Forums – Public events facilitated by CQC

- Finalised County Hall, Chelmsford 22nd March 6pm – 8pm
- Finalised Harlow, the Harlow Study Centre 25th March 10pm – 12pm

Key Dates

- Inspection set up meeting – 14/12/09 [complete](#)
- Return case file lists, public information, partner list – 08/01/10 [complete](#)
- Demographic information/ introduction – 29/01/10
- Self assessment, draft timetable, key documents – 09/02/10
- Case file summaries – 19/02/10
- Initial assessment meeting – 23/2/10
- Inspectors on site – 23/03/10-31/03/10
- headline feedback meeting – Tue 13/4/10
- CQC submit draft report – 28/4/10
- Council comments on draft report – 12/5/10
- Comments finalised re draft report – 26/5/10
- Report published – approx 23/06/10
- Presentation of report to public forum – To be arranged after publication
- Review of Action Plan – Six months after publication of report