

Essex County Council

People and Families Policy and Scrutiny Committee (PAF)

DRAFT 1b – 22 October 2020

WHAT ARE WE LOOKING AT?

Review Topic (Name of review)	Domiciliary Care -
Type of Review	Task and Finish Group

WHY ARE WE LOOKING AT THIS?

Rationale for the Review	<ul style="list-style-type: none">• Some anecdotal evidence of issues around quality of delivery• Not convinced by and want assurance over the extent of oversight.• Want to drive further improvement• Understand how the deliver and quality of service (and oversight) may be different in someone's home as compared to a more formalised care setting <p>Essex as a county has statistically significantly higher rates of hip fractures than national average. Essex is the only area in east of England with a higher than national average fracture rate.</p> <p>The issue is relevant to the Council's strategic objectives and corporate priorities, Essex Organisation Strategy namely that:</p> <p>(i) one of its Strategic Aims is to Help People Get the Best Start and Age Well, with strategic priorities to Enable more vulnerable adults to live independent of social care and also to Improve the health of people in Essex. Importantly within this is the Equality objective - We will remove the obstacles that hold Essex residents back, tackling inequalities between children and supporting older people to live independently with dignity.</p> <p>(ii) another of its Strategic Aims is to Transform the Council to achieve more with less with a Strategic priority to Re-imagine how residents' needs can be met in a digital world. This may also be relevant to the review as part of future delivery of services and further improving the quality of service provision for Essex residents.</p>
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WHAT DO WE HOPE TO ACHIEVE?

Indicators of success	Through investigating aspects of the commissioning and provision of domiciliary support in people's own homes, the intention of the review is to identify quality improvements and changes in operating procedures to further improve service user experience.
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HOW LONG IS IT GOING TO TAKE?

Timescales	The review should be conducted over a three month period. The parent committee, as well as the Scrutiny Board, should support any extension beyond that.
Provisional Timetable	<p>22 October 2020 – draft Scoping Document to be considered by the first meeting of the Task and Finish Group.</p> <p>22 October 2020 – review to start with introductory briefing from officers.</p> <p>12 November 2020 – Scoping document to be approved by the full People and Families Policy and Scrutiny Committee.</p> <p>Late October 2020 to January 2021– Seek evidence and data from witnesses.</p> <p>February 2021 – Finalised report to full committee</p>

FOR COMPLETION BY THE TASK AND FINISH GROUP**WHAT INFORMATION DO WE NEED?**

Terms of Reference	To consider the current arrangements for, and oversight of, the delivery and quality of domiciliary care in Essex and identify any further possible issues with, and improvements to, such provision.
Key Lines of Enquiry	<p>To seek assurance that people will still be able to be referred into services, that access is available, (i) routes/options in normal course, and (ii) assurance that still happening during pandemic (including awareness, signposting and comms are in place). How maintain confidence to refer into the 'system'.</p> <p>To seek assurance that there is adequate monitoring of performance and service quality of dom care providers and robust processes to monitor, identify and instigate improvement actions</p> <p>To seek assurance that there is adequate capacity in place.</p> <p>To understand the current provision of technological options available to support people in the home and how that can be further expanded and prevent unnecessary admissions to hospitals.</p> <p>To seek assurance that there are adequate discharge planning processes in place, arrangements for reablement (where appropriate) and identify issues for improvement.</p>

<p>What primary/new evidence is needed?</p>	<p>To structure the review around three segments:</p> <ol style="list-style-type: none"> 1. Focus on overall approach and strategy taking - considering different elements of home care (Long term care and then reablement) 2. Discharge approach - taking in the Newton Europe work which is now named CONNECT <ul style="list-style-type: none"> • Wider work on Intermediate Care with the NHS • Reablement • Discharge and decision-making process undertaken as part of that 3. Assurance over quality (including use of technology) <ul style="list-style-type: none"> • Staff Training and workforce • Role of ECL • Structure of market and whether can deliver what is needed • Strategy and direction going in- i.e. the 'market shaping' • Have people's behaviours and choices been impacted by the pandemic.
<p>What secondary/ existing information is needed?</p>	<p>TBC</p>
<p>What briefings and site visits might be relevant?</p>	<p>TBC</p>
<p>Other work being undertaken/Relevant Corporate Links</p>	<p>TBC</p>

WHO DO WE NEED TO CONTRIBUTE/CONSULT? (INITIAL MEETING TO ESTABLISH THIS)

<p>Relevant Portfolio Holder(s)</p>	<p>Cabinet Member, Health and Adult Social Care</p>
<p>Key ECC Officers</p>	<p>Moira McGraph, Director – Commissioning (ASC) Jo Rogers, Commissioning Manager. Zoe Harriss - Category and Supplier Relationship Lead.</p>
<p>Partners and service users</p>	<p>TBC</p>

WHAT RESOURCES DO WE NEED?

<p>Lead Member and Membership</p>	<p>Councillor Beverley Egan - Lead Member. Councillors Jenny Chandler, Mark Durham, June Lumley, Peter May, Ron Pratt and Pat Reid.</p>
<p>Co-optee's (if any)</p>	<p>A representative from Healthwatch Essex – TBC or if they will solely be contributors/witnesses.</p>
<p>Lead Scrutiny Officer/Other</p>	<p>Graham Hughes, Senior Democratic Services Officer</p>

Expected Member commitment	TBC – a guide would be two commitments per month for the duration of the review.
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WHAT ARE THE RISKS/CONSTRAINTS?

Risk analysis (site visits etc.)	TBC
Possible constraints	<ul style="list-style-type: none"> (i) Officer capacity assist completing the review on the timescale envisaged. If Covid-19 spikes again locally then may need to re-negotiate capacity to support the review. (ii) Procurement of Live At Home contract may limit discussion on the detail of future delivery of contract particularly around exact KPIs as these would be negotiated with the provider during the procurement process. (iii) Timely availability of contributors and information to meet review deadlines. (iv) Pre-election restricted period - would become relevant if the review had not been finished by March next year.

WHAT WILL BE REQUIRED FROM STAKEHOLDERS?

Internal stakeholders	TBC
External stakeholders	TBC

WHO ARE WE DIRECTING ANY RECOMMENDATIONS AND ACTIONS TO?

Recommendations to (key decision makers):	To relevant Cabinet Member(s), health and social care partners that identify how improvements can be made in the quality of care and support delivered
Reporting arrangements	TBC
Follow-up arrangements	Initial response and formal implementation reviews to be scheduled into the work programme of the full committee after completion of the review.

ADDITIONAL INFORMATION/NOTES

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