

Community Well Being and Older People Partnership (CWOP)

3pm, 12 January 2010
Room E2A, County Hall

MINUTES

Attendance

Mike Gogarty	ECC (chairman)	Cathy Mitchell	ECC
Megan Mitchell	NHS South West Essex	Andrea Atherton	NHS South East Essex
Alison Cowie	NHS West Essex	Wesley Jarvis	ECC
Laurie Rainger	DH/GO- East	Pauline Stratford	ECC
Donia Slyzuk	ECC	Loretta Sollars	ECC
Jane Richards	NHS Mid Essex	Kay Caldwell	Chelmer Housing Partnership
Simon Harniess	ECC	Tony Southam	Age Concern
Sharon Longworth	ECC	Mark Jannetta	ECC
Karen Wright	ECC	Charlotte Ball	ECC
Andy Payne	ECC	Lina Toleikyte	ECC

Apologies

Simon Sherwood	Practice Based Commissioner	Dan Gascoyne	ECC
Katherine Grongqvist	NHS South West Essex	Matt Bushell	NHS North East Essex
Miriam Stead	ECC	Keith Cheesman	ECC
Cllr Derek Robinson	ECC		

1.0 Welcome and Introductions

MG welcomed all including new members to the Partnership: Wesley Jarvis from Essex Safeguarding Adults Board (see item 9), Megan Mitchell representing South West Essex PCT and Donia Slyzuk, Strategic Manager Essex Drug and Alcohol Action Team. Charlotte Ball was welcomed back from maternity leave.

2.0 Performance Management

2.1 Mark Jannetta led this item using the attached presentation which summarises progress for each indicator:

2.2 **NI 135 % of Carers Receiving Advice or Support:** The latest set of figures issued in the last few days show performance has reduced again. MJ reported that the benchmarking exercise is still to be carried out. Laurie Rainger offered to ask regional colleagues in social care for information about which other authorities in the region are performing well. Karen Wright reported that the variation in performance across the county had been scrutinised and that as a result instructions have been sent out to all areas to carry out assessments in the way that is presently done in the North. It will take a month for this

instruction to work through into an effect on performance figures. Other actions from the last meeting are still outstanding.

Benchmarking exercise to be conducted by Linda Hampel with information supplied by Laurie Rainger

JR to liaise with MJ regarding the addition of Mid Essex Carers to the data collection

KW to arrange for Linda Hampel to discuss with SS options around GP/surgery based referral for carers to needs assessments

In reference to the last action, Cathy Mitchell also suggested that a connection could be made with the Care Advisors based at Shane Gordon's surgery and other surgeries in North East Essex.

CM to follow up with Care Advisors based in surgeries re options for referring carers for assessment

2.3 **NI 141 Supporting People:** Simon Harniess reported that the first quarter figures had been received and are on track. There are still some issues with the accuracy of the data from one service provider, so they are under further scrutiny.

2.4 **LI 2.1 People over 65 who say they get information and advice to live independently (In depth review)** Andy Payne reported that the "Be Smart Be Safe" leaflet has now been distributed to over 100,000 homes. See also item 5. on the agenda.

2.5 **NI 123 Stop Smoking** Andrea Atherton reported that all PCTs have now revised their action plans for the year and the full work programme is now up to date.

2.6 **LI 3.1 People with Mental Health Problems Helped into Employment or Training (in depth review):** Pauline Stratford reported that this target continues to be a great success. There are 3 elements to the work programme:

- Mental Health Trusts commissioning support for people with mental health issues to return to employment
- PRG funds being used to support advisors at Volunteer centres to encourage and support mental health clients to take up volunteering
- Mental Health Awareness Training for employers – includes establishing a county network.

In December 2009, the Government published "New Horizons", a new national strategy for mental health. This included a proposal to establish a mental health service in Jobcentre plus locations. PS reported that the excellent work in Essex has been recognised by the Sainsbury Trust as a model of good practice and is being used to role out the national strategy.

MG raised the issue of continuing the programmes after the PRG funding has run out. PS acknowledged that this is an issue. SH reported that officers from Communities and Local Government (CLG) will be visiting Essex soon to look

at good practice with PSA 16 (the national government target for the Supporting People programme which includes a remit to increase the number of vulnerable people are in education and employment) and funding could be raised during this visit. LR also reported that Neil Wood has recently been seconded to the regional Public Health team and is looking at work and well being issues. Other actions were also agreed to pursue a continuation of this project.

LR to discuss funding need for this programme with Neil Wood.

CM to discuss with Caroline Robinson the option of mainstreaming the project with both Mental Health Executive Boards.

- 2.7 **NI 134 Emergency Bed Days (in depth review):** MJ reported on behalf of Matt Bushell. Recent performance has seen a dip and Matt now considers this indicator to be at risk of achieving its end of year target. Members discussed the possible reasons for this. It was agreed by the PCT reps present that non elective admissions and a spike in delayed discharges could be causes but that swine flu admissions were not a cause. AC suggested that it could be associated with younger people presenting with more complex issues as a result of being successfully kept out of hospital on minor matters. It was agreed that further analysis was needed.

Suggestions for actions to improve performance included claiming refunds from the hospitals for inappropriate admissions (though this will initially affect cost not throughput) and undertaking a systems review similar to the approach recently taken with Adult Social Care delays and transfers.

MJ raised the issue that MB had been encountering difficulty in liaising with the other PCTs to get feedback on the performance management of this indicator. MG confirmed that it is a priority indicator for all PCTs and emphasised that they should see reporting and liaison with Matt as a part of their "day job".

MG to discuss parameters for further analysis with MB.

All PCTs to emphasise with commissioning colleagues the importance of making regular reports to MB as target lead.

- 2.8 **NI 120 All Age All Cause Mortality Rate (in-depth review):** In the continued absence of a comprehensive work programme for this indicator, MG requested all PCTs to reply with urgency submitting details of activities that will assist in increasing the life expectancy of their 20% most deprived wards. MG confirmed that the focus of this work would be on initiatives aimed at quick interventions on lifestyle behaviours and whilst the focus for the target is on the 20% most deprived wards, the most effective interventions would target vulnerable groups within these areas.

All PCTs to send to MJ and LT details of activities aimed at increasing the life expectancy of residents in their 20% most deprived wards – to provide the main elements of the work programme for NI 120.

MJ to review responses from PCTs and add ECC and other county-wide activities to complete the work programme for NI 120.

- 2.9 **Risk Management:** MJ reported on the result of a risk analysis that had been carried out by all target leads. There was discussion as to whether the objective of the exercise was to assess the risk of not achieving the LAA targets or the risk of not carrying out activities that will make a difference to Essex residents (ie raise their quality of life). It was agreed that in future the top five risks would be reported upon but not listed in a priority order since it was not possible to meaningfully compare the risks for each indicator.

MJ to find out about the approach taken by other partnerships to assessing risk.

3.0 Performance Reward Grant (PRG)

- 3.1 MJ presented a first draft of the report form that has to be returned to the Essex Partnership by 5 February.

All members to review form and to make comments for alterations/additions, returning it to MJ by Friday 22 January. Target leads in receipt of PRG to include reconciliation of their grant in their response.

MJ to circulate final draft for sign off by all members in time for submission by 5 February.

- 3.2 MM queried the role out of the ReachOut programme to Basildon in South West Essex PCT area.

LS to send ReachOut Project Report from Clacton pilot to Katherine Gronqvist and MM.

MJ to discuss extension of the ReachOut programme to Basildon with Katherine Gronqvist.

- 3.3 Members discussed possible activities that could be submitted by CWOP to receive additional PRG:
- ECC and the PCTs are currently in discussion to examine the feasibility of extending joint commissioning. The Regional Improvement Partnership (RIEP) have offered £150,000 to progress this work but it has to be matched with another £150,000. MG confirmed that all the PCTs (through both their Chief Executive and Chairman) are supporting use of additional PRG as a source for this matched funding
 - Extension of the ReachOut Project to further areas
 - Continuation of the LI 3.1 mental health employment work.

4.0 External Inspections and Assessments

- 4.1 **Comprehensive Area Assessment:** LS circulated slides from a presentation that summarised the CAA report on Essex. For the full report, go to <http://oneplace.direct.gov.uk/infobyarea/region/area/Pages/areaoverview.aspx?region=50&area=346>

- 4.2 **Care Quality Commission (CQC) Inspection:** KW reported on the CQC Inspection that will take place in March. A briefing note is attached here:
- Some members may be approached to provide documents that can be used as evidence or for inclusion in focus groups/interviews with the inspectors.
- 4.3 **Government Office Interim Report:** LR reported that the GO is compiling its annual review of LAAs and partnerships. He reported that there are no issues to report for CWOP and that the Partnership is doing very well with respect to delivering health and social care in the complex partnership environment of Essex.

5.0 “Be Smart Be Safe” Brochure Feedback

- 5.1 Andy Payne presented a report that has been compiled on the “Be Smart Be Safe” brochure. 95% of those responding to a questionnaire found the booklet useful, easy to read and will keep it. The report does provide a useful and interesting commentary on the impact of the brochure. Additional profiling of recipients to determine if those who gave the most negative feedback were not the primary targeted audience would be helpful.
- 5.2 KC reported that all social landlords are required to keep profiles of their tenants and to demonstrate that they have used this data, so there might be a possibility in working with them to better target the distribution of future editions. AC also welcomed the possible use of Mosaic segmentation to profile recipients because in West Essex they have encountered similar negative responses from some residents regarding their information distribution activities.

KC and AP to discuss opportunities for the use of tenant profiling information.

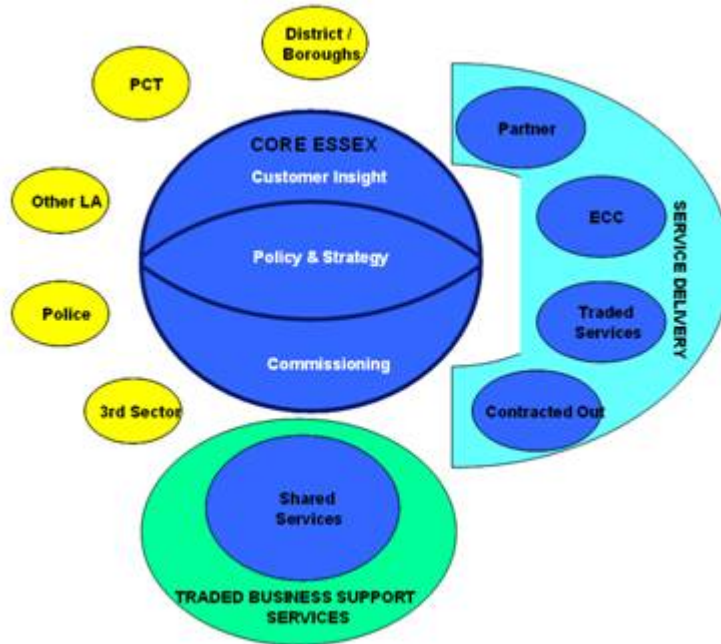
7.0 LAA Cross Cutting Issue – Obesity

- 7.1 LS circulated and summarised a presentation that had been made to the LAA Performance Management Sub Group in December 09 on the topic of obesity which has an impact on 3 theme partnerships – The Children’s Trust, 2012 Legacy Partnership and CWOP. Electronic copies of the presentation (which has a large file size) are available from LS.
- 7.2 In the discussion the following points were made:
- Harlow 2020 have agreed that obesity is to be a main strand in their LSP priorities
 - Mid Essex PCT want to invest in market development and would be interested in collaboration with the other PCTs regarding joint commissioning
 - A joint bid is being made to host the “Let’s Get Moving” training programme that uses social marketing techniques in Essex
 - The Later Life Expo being held in Colchester on 20 January will feature lots of opportunities for older people to lead healthy active lives.

- The Essex Obesity Forum will be crucial in drawing together all the preventative work that is taking place
- There may be opportunities in joint commissioning for obesity related interventions with the Children's Trust Joint Commissioning approach being pursued by ECC and the PCTs.

8.0 **Essex County Council Transformation Programme**

In the absence of Dan Gascoyne, MG reported on the transformation programme that ECC is currently engaging on. This major exercise will see the council become a predominantly commissioning organisation by 2012. A diagram showing the Target Operating Model (TOM) is attached here which shows diagrammatically the different arrangements that could exist for the delivery of services within this model:



Further work is still required to finalise this model. MG also made the following points:

- It is important that frontline services are protected through efficiencies in back-office supporting services e.g. finance, HR, procurement
- ECC is aiming to achieve £300 million in efficiency savings by 2012
- In December 2009 ECC signed an agreement with IBM to support us providing additional capacity for this transformation work. They are currently working on procurement, our new website and back office services
- The roadmap to 2012 is divided into 6 month 'change cycles' with the 1st ending in April 2010. Each 6 month cycle has a portfolio of transformation projects. Promoting healthy lifestyles is one of these transformation projects
- ECC is keen to increasingly work with partners to share expertise and resources to deliver a more holistic approach to delivering outcomes e.g. joint commissioning with PCTs, shared back office services.

9.0 Relationship with the Essex Safeguarding Adults Board

9.1 LS explained that the Essex Safeguarding Adults Board is seeking to link formally with CWOP. It was agreed by all that a link between the two partnerships would be mutually beneficial and it would be helpful to provide more information about the Board for CWOP members.

Essex Safeguarding Adults Board to make a presentation about themselves at the next CWOP meeting.

10.0 Minutes and Matters Arising from the Last Meeting

10.1 Due to a lack of time, this item was not covered in the meeting. Actions still outstanding have been carried forward to the action list appended to these minutes.

All members to send any corrections re the accuracy of the minutes to LS

11.0 Any Other Business

11.1 There was no other business.

Dates of Future Meetings

Tuesday 9 March	3-5pm	Room AG7, County Hall
Tuesday 11 May	3-5pm	tbc
Tuesday 13 July	3-5pm	tbc

ACTIONS SUMMARY

Ref	Action	Who
1.0	Performance Management	
	NI 135 Carers' Assessments	
1.1	Ensure that benchmarking exercise is conducted by Linda Hampel with information supplied by Laurie Rainger	Karen Wright
1.2	Liaise with MJ regarding the addition of Mid Essex Carers to the data collection	Jane Roberts
1.3	Arrange for Linda Hampel to discuss with SS options around GP/surgery based referral for carers to needs assessments	Karen Wright
1.4	Follow up with Care Advisors based in surgeries re options for referring carers for assessment	Cathy Mitchell
	LI 3.1 Mental Health Employment/Education	
1.5	Discuss funding need for this programme with Neil Wood	Laurie Rainger
1.6	Discuss with Caroline Robinson the option of mainstreaming the project with both Mental Health Trusts	Cathy Mitchell
	NI 134 Emergency Bed Days	
1.7	Discuss parameters for further analysis with MB.	Mike Gogarty
1.8	Emphasise with commissioning colleagues the importance of making regular reports to MB as target lead.	PCT reps to CWOP
	NI 120 Life Expectancy	
1.9	Send to MJ and LT, details of activities aimed at increasing the life expectancy of residents in their 20% most deprived wards – to provide the main elements of the work programme for NI 120.	PCT reps to CWOP
1.10	Review responses from PCTs and add ECC and other county-wide activities to complete the work programme for NI 120.	Mike Gogarty
	NI 123 Stopping Smoking	
1.11	Ask the Smoke Free Essex Tobacco Alliance to explore the feasibility of joint commissioning of Stop Smoking Services by PCTs	Andrea Atherton
	LI 2.1 Over 65's info to live independently	
1.12	Review the status of projects under this indicator	Keith Cheesman
2.0	Risk Management	
2.1	Find out about the approach taken by other partnerships to assessing risk.	Mark Jannetta
3.0	Performance Reward Grant	

3.1	Review form and make comments for alterations/additions, returning it to MJ by Friday 22 January. Target leads in receipt of PRG to include reconciliation of their grant in their response.	All members
3.2	Circulate final draft for sign off by all members in time for submission by 5 February.	Mark Jannetta
3.3	Send ReachOut Project Report from Clacton pilot to Katherine Gronqvist and MM.	Loretta Sollars
3.4	Discuss extension of the ReachOut programme to Basildon with Katherine Gronqvist.	Mike Gogarty
4.0	“Be Smart Be Safe” Brochure	
4.1	Discuss opportunities for the use of tenant profiling information with Kay Caldwell	Andy Payne
5.0	Minutes from Meeting 12 November 09	
	Send details of corrections to the accuracy of the minutes to Loretta Sollars	All members

FORWARD PLAN

	Meeting and Agenda Item	Lead Officer
	9 March 2010 <ul style="list-style-type: none"> ▪ NI 123 in depth review ▪ NI 135 in depth review ▪ NI 141 in depth review ▪ Annual report from Essex Supporting People Commissioning Board ▪ Annual Report from Essex Housing Officers Group ▪ Discussion paper on issues faced by Older People ▪ Introduction to Essex Safeguarding Adults Board ▪ CWOP Communications Strategy 	AA KW SH SH KC AP/TS Paula Ward LS
	11 May 2010 <ul style="list-style-type: none"> ▪ NI 134 in depth review ▪ LI 2.1 in depth review ▪ LI 3.1 in depth review ▪ Annual report from JSNA Steering Group ▪ Annual Report from Learning Disability Partnership Board 	MB SL PS LS
	13 July 2010 <ul style="list-style-type: none"> ▪ NI 120 in depth review ▪ NI 141 in depth review ▪ Review of Terms of Reference and Governance ▪ CWOP Annual Report 	MG SH LS LS

CWOP Performance Review

12th January 2010

Mark Jannetta



Essex County Council

1. General review of CWOP measures
2. In depth review of:
 - > NI 134 Emergency Bed Days
 - > LI 3.1 People with mental health problems helped into employment / education
 - > NI 120 All Age All Cause Mortality
3. Risk Review
4. PRG Discussion
5. Questions



Community Wellbeing and Older People

(LI 120) Average mortality rate (worst performing quintile) per 100,000 population (all causes, all ages)	Mike Gogarty	Annually	Low	Jun-10	691.35	Jun-11		Off trajectory
(LI 120a) Average male mortality rate (worst performing quintile) per 100,000 population (all causes, all ages)	Mike Gogarty	Annually	Low	Jun-10	856.85	Jun-11		On track
(LI 120b) Average female mortality rate (worst performing quintile) per 100,000 population (all causes, all ages)	Mike Gogarty	Annually	Low	Jun-10	577.53	Jun-11		Off trajectory
(NI 123) Rate of 16+ smokers (per 100,000) that quit within 4 weeks of attending NHS stop smoking services	Andrea Atherton	Quarterly	High	927	850	204*		On track
(NI 134) Number of emergency bed days per head of weighted population	Matt Bushell	Monthly	Low	32358	33000	32680*	↓	On track
(NI 135) % of carers receiving advice/info/service as a % of people receiving a service	Liz Chidgey	Monthly	High	25.2%	28.0%	23.6%	↑	Off trajectory
(NI 141) % of supporting people service users moving in a planned way	Simon Harniess	Quarterly	High	75.26%	77.00%	78.17%		On track
(LI 2.1) / (LI 005) % of people aged 65 or over who are satisfied with support to live independently	Cathy Mitchell	Annually	High	26.5%	30.0%	TBC*	NEW	On track
(LI 3.1) / (LI 007) Number of people with mental health problems helped into employment or education	Pauline Stratford	Quarterly	High	296	222	242	↑	On track



NI 135 Carers Receiving Needs Assessment CWOP Performance Review

General Performance	<p>Performance has been significantly off trajectory and as such has been subject to ongoing review by AHCWB Management Team and CWOP.</p> <p>While results remains off trajectory (at 23.6% against a target of 28%) a slight increase in the most recent performance results would suggest that recent initiatives are having a positive impact</p>
Key Initiatives and Progress	<p>In November a step change action plan was devised and implemented to increase the number, quality and recording of carer's assessments</p> <p>Performance on NI135 has improved as a result, with a reported increase from 23.1% in August to 23.6% in September (data on this indicator is always reported in retrospect due to the need to collate data from the two Mental Health trusts).</p>
Issues / Problems / Concerns	<p>It has been highlighted that performance against this target is often significantly better in other areas / regions.</p> <p>From this, it was identified that there could be a real worth in undertaking an investigation to try and understand the reasons for better performance, however to date this has not happened.</p>
Next Steps / Actions	<p>A need to identify an available resource to undertake a benchmarking exercise to try and ascertain reasons for better performance in other areas - and to report back to CWOP</p>



NI 141 % Vulnerable People

General Performance	<p>Confirmed figures for Qtr 1 of 2009-10 are 78.17% which is above target of 78% and performance would be rated as green.</p> <p>Unconfirmed figures for Qtr 2 suggest 76.25%. If this is correct, performance for the two Qtrs to date will average out to 77.21% - slightly below target.</p> <p>We will look to confirm a more accurate picture of Qtr 2 Performance at the next CWOP review</p>
Key Initiatives and Progress	<p>We are currently receiving returns from providers for the quarter just closed.</p> <p>We have identified actions to pick up possible data errors at an early stage which should improve reporting quality and eliminate the errors seen in Qtr 2</p>
Issues / Problems / Concerns	<p>Analysis of the Qtr 2 data suggests reporting issues for one service which has skewed the results.</p>
Next Steps / Actions	<p>Ongoing communication with CLG about potential reporting issues – looking to rectify the position – updates will be provided at the next CWOP</p>



LI2.1 People 65+ who receive information assistance and support to live independently

General Performance	Performance overall was considered to be positive with no actions having been dropped and encouraging progress against each of success measures. The team report that there are a number of highly successful projects ongoing including be smart be safe detailed below.
Key Initiatives and Progress	Be smart be safe – Aimed to reach at least 40,000 homes – have to date distributed to around 100k! A report analysing the impact of Be smart be safe was produced in early January. The findings demonstrate that overall the handbook was judged to be a significant success: 95% of all respondents considered the handbook to be a useful resource and that they would keep it for future reference
Issues / Problems / Concerns	2 of the top 5 highest scoring risks were found to sit within 2.1 and these will be highlighted during the risk section at the end
Next Steps / Actions	Community Bus – Ongoing research as to most effective approach to be taken here – updates at next CWOP Be Smart Be Safe - Responses from ethnic minorities only made up a total of 0.8% of all returns. A separate piece of research into the poor response from ethnic minorities would be beneficial to any future issues/publications



General Performance	<p>The Q1 result (204) is slightly behind Q1 2008/09 (217) though we would still rate this as 'green' as being on track at the moment.</p>
Key Initiatives and Progress	<p>There has been a complete revision of the actions which are in place to support this target Last of the updated action plans were provided yesterday (11th January)</p> <p>I am now planning to work closely with Andrea to set up appropriate Perf measurements around these</p>
Issues / Problems / Concerns	<p>Issue that stopping smoking services have traditionally been focussed more on those who are committed to stopping – thus less support for those with a greater level of addiction Reduction of resources targeted to stopping smoking</p>
Next Steps / Actions	<p>Programme to support PCTs with health trainer services to help target those people in the more hard to reach' groups</p> <p>Revised Action Plan in place for the next CWOP</p>



In Depth Review LI3.1 Mental Health into Employment / Education – Pauline Stratford

CWOP Performance Review

General Performance	<p>Performance in this area has been <u>extremely successful</u> with targets being exceeded.</p> <p>Number of people helped into employment or education currently numbers 242 against the target of 222</p> <p>This has been especially encouraging given the impact of the recession on the job market and the prevalence of mental health issues</p>
Key Initiatives and Progress	<p>Extending the expertise of the Community Voluntary Service to support people with mental health problems</p> <ul style="list-style-type: none">• Training of volunteer support workers• Enabling the delivery of Mental Health awareness training to employers and facilitating provision of supported employment placements• Establishment of a network - An Essex wide network has been established for all Partners engaged in delivering employment services to people with Mental Health problems and this is enabling both primary and secondary care service providers to co-ordinate activities, network and share best practice.
Issues / Problems / Concerns	<p>Uncertainty about future funds being available via PRG</p>
Next Steps / Actions	<p>Employment activities in primary care and particularly the implementation of the increased access to psychological therapies service across all PCT's which provides employment support to people experiencing mild to moderate mental health problems is expected to increase the wellbeing and mental health and reduce pressure on secondary care services in the future.</p>



IN DEPTH REVIEW:NI134 Emergency Bed Days – Mark Jannetta Updates

CWOP Performance Review

Definition	The Essex LAA has a target to measure success in partnerships between health, housing & social care to pro actively ensure that emergency admissions to hospital are kept to a minimum (and patients discharged home with undue delays).
Performance	<p>From previous CWOP meetings, performance has generally been shown to be in a positive position and has been rated as green (on trajectory)</p> <p>HOWEVER</p> <p>September and October 2009 actuals were both higher than previous 3 year's actuals.</p> <p>Based on a forecast outturn methodology weighted on previous year's actuals, all 5 PCTs are predicted to have more bed days in 2009/10 than 2008/09.</p> <p>The current forecast outturn is now that Essex PCTs miss the 2009/10 target by 1%.</p> <p>The status of this LAA target now considered to be <u>RED (AT RISK)</u></p>



Essex County Council

IN DEPTH REVIEW:NI134 Emergency Bed Days Part 2

Reasons for poor performance	<ol style="list-style-type: none">1. H1N1 flu admissions (limited numbers to date – updates to be provided at the next CWOP meeting)2. Increases in non elective admissions – mainly shorter stay (zero to less than 3 days spells) The average increase is 8% per PCT. The main reason is changes to threshold for admission from A&E to wards - a massive increase in short stay non elective spells, including to avoid 4 hour breaches. (4 hour target for treating in A&E)3. Peak in delayed discharges among some of our PCT's4. Lack of engagement of stakeholders in providing commentary and updates and linking up with CWOP – there may be a number of other issues not current recorded due to the lack of engagement of stakeholders in providing commentary and updates
Addressing the 4 key areas above	<ol style="list-style-type: none">1. Swine Flu – numbers will continue to be monitored and any correlation reported at next CWOP2. Increases in non elective admissions. Under the guidance of the recently published Commissioning Framework, there will be a clinical review undertaken of admissions via A&E. Commissioners are challenging inappropriate admissions based on quality and 4 hour breaches - For example, CHUFT recently agreed to refund NHS NEE negotiated amount for inappropriate admissions.3. Peak in delayed discharges – Obviously winter pressures will generate more demands but we really need the feedback from the leads to look at all the underlying reasons here4. More formal request for engagement and monthly updates via joint letter from chair of CWOP and lead Director



In Depth Review: NI 120 Mortality Rates – Mike Gogarty

General Performance	
Key Initiatives and Progress	
Issues / Problems / Concerns	
Activities to be Completed	

UPDATES TO BE PROVIDED BY MIKE GOGARTY



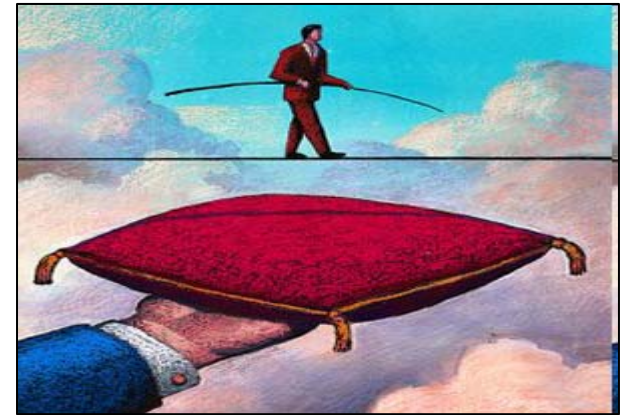
Level of Risk	Consequences	Action Required
Very High 9-16	Disastrous negative impact. The partnership would be extremely concerned with this type of threat	Treatment / Mitigating Actions will be required to minimise threats within 0-3 months
High 6-8	Severe negative impact. The partnership will be concerned with this type of threat	Treatment / Mitigating Actions required to minimise threats within 3-6 months. Escalate if necessary
Medium 3-4	Medium negative impact. The partnership will be uneasy with this type of threat	Treatment/ Mitigating actions required to minimise threats within 6-9 months
Low 1-2	Relatively light negative impact. The partnership is content that this type of threat is acceptable	The partnership is content to accept this risk, but threats should be reviewed every 9-12 months



SUGGESTIONS AS TO HOW TO YOU ADDRESS THESE RISKS!?

TOP 5 RISKS:

- 5) NI134 – Peak in Delayed Discharges
- 4) NI 134 – Lack of Stakeholder Engagement
- 3) LI2.1 - Even if people are receiving sufficient info, a lack of resources might prevent us from actually being able to deliver anything of value to them!
- 2) NI134 - Increases in non elective admissions – mainly shorter stay
- 1) LI 2.1 - Danger that people do not fully recognise or have awareness of the efforts which are going in to provide info, assistance and support to them!



PERFORMANCE REWARD GRANT (PRG)

Project reference	Priorities/targets impacted	Estimated budget	Under-spend / Additional Requests for PRG?
NI120 Mortality Rates	"ReachOut" Project - door knocking to offer benefits and other advice in Tendring/Basildon NHS NE Essex £60,000 NHS South West Essex £60,000	£120,000	
NI123 Stop Smoking	-	NONE ALLOCATED	
NI134 Bed Days	-	NONE ALLOCATED	
NI135 Carers Receiving Needs Assessment	Carers Telephone Service and Support Service	£120,000	
NI141 Supporting People	PRG money to fund a provider focusing on support planning and planned moves	£40,747	
LI2.1 Information and support for over 65's	Community Bus	£60,000	
LI3.1 Mental Health into employment or education	The supported volunteering project is being delivered through Volunteer Centres the funding has been allocated as follows: Tendring Volunteer Centre - £46,666 Harlow Volunteer Centre - £46,666 Colchester Volunteer Centre - £46,666 Basildon Volunteer Centre - £51,335	£230,000	

DISCUSSION:

Is all of your PRG money accounted for – any available??

Can you make the case for real returns / benefits if you had any more available!?

Any issues / anything not working as planned!?



Managers Briefing Adult Social Care Inspection 2009-10

This background briefing is to inform social care managers of the forthcoming inspection, please can you make sure that all staff are aware of the inspection and that they may be required to contribute either through case files, case studies or by taking part in a focus group of meeting with the inspections. Updates will occur through This Week and the Putting Essex People First Bulletin.

The Inspection

The Care Quality Commission (CQC) will be conducting a full service inspection of Essex County Council's adult social care service in March 2010.

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

Over the next few weeks we will need to provide CQC with information and evidence of our activity and the outcomes. This will then be followed by fieldwork in Essex on the following dates;

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

CQC have also selected two localities in which they will explore case files and interview some of our older people service users and the practitioners. The two localities selected are Basildon and Tendring.

The aims of the inspection are:

- To establish how local adults are served and supported by the council/partners
- Ascertain the views and experiences of adults in need of social care
- Evaluate the quality of outcomes for people who use services
- Collect and evaluate evidence of performance, in addition to annual performance assessment
- To identify areas of strength and areas where improvement is required
- Act as a catalyst for change, support senior managers to make changes

Themes

Safeguarding	
People who use services and their carers are free from discrimination or harassment in their living environments and neighbourhoods.	
People who use services and their carers are safeguarded from all forms of abuse. Personal care maintains their human rights, preserving dignity and respect, helps them to be comfortable in their environment, and supports family and social life.	
0.1	People who use services and their carers are free from discrimination or harassment when they use services. Social care contributes to the improvement of community safety.
0.2	People are safeguarded from abuse, neglect and self-harm.
0.3	People who use services and carers find that personal care respects their dignity, privacy and personal preferences.

0.4	People who use services and their carers are respected by social workers in their individual preferences in maintaining their own living space to acceptable standards.
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Examples of Evidence = How are people protected, risk managed, quality and range of preventative services, community safety, how are individuals and groups supported e.g. LD, BME, LGBT, SDS, Dementia care , effectiveness of SAB and sub groups, multi agency working, public information, quality of policy and procedure, training, QA, mgt oversight, case work, interface with children’s board, public protection (MAPPA / MARAC), IMCA and DOLS

Improved health and wellbeing	
People in the council area have good physical and mental health. Healthier and safer lifestyles help lower their risk of illness, accidents, and long-term conditions. Fewer people need care or treatment in hospitals and care homes.	
People who have long-term needs and their carers are supported to live as independently as they choose, and have well timed, well-coordinated treatment and support.	
1.1	People are well informed and advised about physical and mental health and well-being. They take notice of campaigns that promote healthier and safer lifestyles. This is helping to lower the rates of preventable illness, accidents and some long-term conditions.
1.2	People who use services and carers go into hospital only when they need treatment. They are supported to recover through rehabilitation, intermediate care or support at home. This helps them to keep or regain their independence as far as possible.
1.3	People who use services in care homes or in their own homes have meals provided that are balanced, promote health, and meet their cultural and dietary needs. People who need support are helped to eat in a dignified way.
1.4	At the end of life, people who use services and their carers have their wishes respected and are treated with dignity.

Examples of Evidence = Quality of multi-agency working, integrated teams, health of OP, how inequalities being met, information campaigns, how are groups supported - MH, LD, dementia, LGBT, BME, alcohol and sub mis-use, quality of preventative health services, OT, physio, intermediate care, rehab, re-enablement, delayed transfers of care, how are OP supported on discharge from hosp, falls prevention, how OP who live in care homes supported, dietary needs, community meals, end of life care-how is this supported and coordinated

Improved quality of life	
People who use services and their carers enjoy the best possible quality of life. Support is given at an early stage, and helps people to stay independent. Families are supported so that children do not have to take on inappropriate caring roles. Carers are able to balance caring with a life of their own. People feel safe when they are supported at home, in care homes, and in the neighbourhood. They are able to have a social life and to use leisure, learning and other local services.	
2.1	People who use services and carers get advice and support at an early stage. Support services take account of the needs of individuals, carers and families. This helps to prevent loss of independence and isolation, and maintains their quality of life.
2.2	People who use services and their carers are able to have a social life and to use mainstream local services. Local service providers, including transport, health care, leisure, shops and colleges, adapt services to make them easier to use.
2.3	People who have complex, intensive, or specialised support needs and their carers are supported. They have a choice in how and where they are supported.

Examples of Evidence = How are people with complex communication needs supported, how are the holistic needs of carers met, are carers expert partners, quality of

adaptations, quality of leisure services, transport, leisure and learning opportunities for people in care homes, how easy is it to access services, how are people referred on to non care managed services, how is this monitored, assistive technology, extra care housing, housing support, how are services diversifying

Leadership	
People from all communities are engaged in planning with councillors and senior managers. Councillors and senior managers have a clear vision for social care. They lead people in transforming services to achieve better outcomes for people. They agree priorities with their partners, secure resources, and develop the capabilities of people in the workforce.	
8.1	People from all communities engage with councillors and senior managers. Councillors and senior managers show that they have a clear vision for social care services.
8.2	People who use services and their carers are a part of the development of strategic planning through feedback about the services they use. Social care develops strategic planning with partners, focuses on priorities and is informed by analysis of population needs. Resource use is also planned strategically and delivers priorities over time.
8.3	The social care workforce has capacity, skills and commitment to deliver improved outcomes, and works successfully with key partners.
8.4	Performance management sets clear targets for delivering priorities. Progress is monitored systematically and accurately. Innovation and initiative are encouraged and risks are managed.
Commissioning and use of resources	
People who use services and their carers are able to commission the support they need. Commissioners engage with people who use services, carers, partners and service providers, and shape the market to improve outcomes and good value.	
9.1	The views of people who use services, carers, local people, partners and service providers are listened to by commissioners. These views influence commissioning for better outcomes for people.
9.2	Commissioners understand local needs for social care. They lead change, investing resources fairly to achieve local priorities and working with partners to shape the local economy. Services achieve good value.

Examples of Evidence (Leadership & Commissioning/ Use of Resources) = Management Capacity, quality of leadership, how are staff managed and supervised, senior management communication with front line staff, financial planning, training, how are citizens involved in dev services, JSNA, joint commissioning strategies, VFM, stakeholder involvement in dev services, partnership working, PM / QA targets, how is independent sector supported, contractual arrangements, strategic vision in relation to current health and social policy

Equality & Diversity is considered in all of the themes and the inspection process

Key Officers

The CQC inspection team

- Rob Assall (Lead Service Inspector)
- Chrisandra Harris (Support Service Inspector)
- Lillias Giles (Expert by Experience)

Liz Chidgey is the Lead Officer for the inspection. Clare Hardy is the Inspection liaison officer and all contact with the inspectors will be through Clare. The Executive Office (Jen Maude, Rob Field and Sean Tubbs) will be working with Clare to pull together the necessary information for the inspectors.

We have established an Inspection Working Group which includes:

Liz Chidgey	Karen Wright	Craig Derry/ Phil Brown
Angela Gibson	Sue Hawkins	Stephen Bunford
Audrey Bancroft	Simon Griffiths	Ruth Manning
Lynne Jacobs	Linda Flynn	Paul Bedwell
Wesley Jarvis	Clare Hardy	Chris Martin/ Sharon Longworth
Jennifer Maude	Robert Field	Sean Tubbs

Wherever possible activity will be co-ordinated through these points.

Pre-fieldwork information exchange

Prior to fieldwork ECC will be required to submit and prepare a variety of information including copies of all public information leaflets, lists of closed safeguarding case files, and current older people files (the inspection team will inspect 16 case files during fieldwork and will contact other service users to take part in surveys), a partner agency list (CQC will send them a survey), a self assessment and key documents evidencing our approach and activity. We are required to submit these at various points in the lead up to the inspection.

The fieldwork programme

- A programme for the fieldwork will be developed.
- 40% of the field work will be focused on service users and carers.
- Interviews and focus groups will be held with partners and frontline staff in relation to the themes.
- Interviews will also occur with members and key council staff in relation to Leadership and Use of Resources/ Commissioning.
- An Open Public Forum is held providing an opportunity for people to meet with the inspectors including family carers and self funders, LINks will be asked to promote alongside the Council.
- Two facilitated user focus groups will be held e.g. BME communities.

Key Dates

- Inspection set up meeting – 14/12/09
- Return case file lists, public information, partner list – 08/01/10
- 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.

Further information

If you have any questions relating to the inspection please contact the Executive Office: Clare Hardy, Jen Maude, Robert Field or Sean Tubbs.