

Health and Adult Social Care Scrutiny Committee

Agenda

Date: Monday, 23rd February, 2009

Time: 2.00 pm

Venue: The Tatton Room - Town Hall, Macclesfield SK10 1DX

The agenda is divided into 2 parts. Part 1 is taken in the presence of the public and press. Part 2 items will be considered in the absence of the public and press for the reasons indicated on the agenda and at the foot of each report.

PART 1 – MATTERS TO BE CONSIDERED WITH THE PUBLIC AND PRESS PRESENT

1. **Apologies for Absence**

2. **Declarations of Interest**

To provide an opportunity for Members and Officers to declare any personal and/or prejudicial interests in any item on the agenda

3. **Public Speaking Time/Open Session**

In accordance with Procedure Rules Nos.11 and 35 a total period of 10 minutes is allocated for members of the public to address the Committee on any matter relevant to the work of the Committee.

Individual members of the public may speak for up to 5 minutes but the Chairman will decide how the period of time allocated for public speaking will be apportioned where there are a number of speakers.

Note: In order for officers to undertake any background research it would be helpful if questions were submitted at least one working day before the meeting.

4. **Minutes of Previous meeting (Pages 1 - 6)**

Please contact Denise French on 01270 529643 or 01270 529736
E-Mail: denise.french@congleton.gov.uk with any apologies or requests for further information or to give notice of a question to be asked by a member of the public

5. **"Independence, Well-Being and Choice" (Pages 7 - 14)**

To consider a report of the Strategic Director for People on progress on establishing a Safeguarding Board for Adults for Cheshire East and related issues.

6. **Central and Eastern Cheshire Primary Care Trust - Community Healthcare Project - Knutsford and Congleton**

To consider a verbal report from Fiona Field, Director of Governance and Strategic Planning at Central and Eastern Cheshire Primary Care Trust, on the Primary Care Trust's Community Healthcare Project proposals.

7. **Work Programme**

To give further consideration to the Committee's future Work Programme.

8. **Date of next meeting**

To note that the next meeting of the Committee will be held on Monday 23 March at 2.00pm in the Municipal Buildings, Crewe.

CHESHIRE EAST COUNCIL**Minutes of a meeting of the Health and Adult Social Care Scrutiny Committee**

held on Tuesday, 20th January, 2009 at Council Chamber, Municipal Buildings, Earle Street, Crewe CW1 2BJ

PRESENT

Councillor A Richardson (Chairman)
Councillor G Baxendale (Vice-Chairman)

Councillors Mrs S Bentley, R Fletcher, Mrs D Flude, Miss S Furlong, Ms O Hunter, Mrs S Jones, A Martin, A Moran, Mrs L Smetham, A Thwaite and J Wray

8 APOLOGIES FOR ABSENCE

None

9 DECLARATIONS OF INTEREST

RESOLVED: That the following Declarations of Interest be noted:

- (a) Councillor A Richardson – personal interest on the grounds that he was a Member of Cheshire County Council and Crewe and Nantwich Borough Council;
- (b) Councillor G Baxendale – personal interest on the grounds that he was a Member of Congleton Borough Council and Congleton Town Council;
- (c) Councillor R Fletcher – personal interest on the grounds that he was a Member of Cheshire County Council, Congleton Borough Council and Cheshire Fire Authority;
- (d) Councillor D Flude – personal interest on the grounds that she was a Member of Cheshire County Council and a Member of the Alzheimers' Society and involved with various charities relating to health and social care;
- (e) Councillor S Jones – personal interest on the grounds that she was a Member of Alsager Town Council;
- (f) Councillor A Martin – personal interest on the grounds that he was a Member of Nantwich Town Council;
- (g) Councillor A Moran – personal interest on the grounds that he was a Member of Cheshire County Council and Nantwich Town Council;
- (h) Councillor A Thwaite – personal interest on the grounds that he was a Member of Congleton Borough Council.

10 PUBLIC SPEAKING TIME/OPEN SESSION

RESOLVED: That the Governance and Constitution Committee be recommended to disapply Procedure Rules 11 and 35 that relate to Public Speaking Time/Open Session for the Health and Adult Social Care Scrutiny Committee on the grounds that the Committee is not a decision making body.

11 MINUTES OF PREVIOUS MEETING

RESOLVED: That the minutes of the meeting of the Committee held on 16 December 2008 be approved as a correct record.

12 STRATEGIC NEEDS ASSESSMENT

The Committee considered a report of the Strategic Director for People on the Cheshire East Joint Strategic Needs Assessment (JSNA) – “A First Look”.

The JSNA was a shared statement on the health and social care needs of people living in Cheshire East which the Council and Primary Care Trust (PCT) had a legal duty to undertake. The document would be used to develop and improve services.

The current JSNA was an initial assessment of the health and social care situation in Cheshire East summarising findings to date and identifying priorities for improving health and well-being Cheshire East. At this stage five key areas were identified:

- Children and Young People aged 0 to 18 years of age;
- Older people aged 65 years and over;
- Long term health conditions including diabetes, high blood pressure, dementia and strokes that affect people’s daily living;
- Inequalities – the causes of different health outcomes for people in Cheshire East including access to services; and
- Lifestyle choices that impact on the health and quality of life of an individual.

The document was published on the PCT website and would be a living document that would be continually updated and refined as new information and intelligence was developed locally, nationally and internationally.

Members were advised that comments on the document were welcomed and they could comment individually or as a Committee.

RESOLVED: That the report be noted and Members of the Committee be invited to make individual comments on the Joint Strategic Needs Assessment document.

13 "INDEPENDENCE, WELL-BEING AND CHOICE"

The Committee considered a report of the Strategic Director for People on developments regarding the safeguarding of vulnerable adults. Following a review of safeguarding by Cheshire County Council and the findings of the Commission for Social Care Inspection (CSCI) arrangements were underway to establish a Safeguarding Board for Cheshire East.

By introducing a Safeguarding Board the Council would be adopting a wider approach by addressing the need to promote the health and well-being of vulnerable and older people as well as delivering adult protection where there had been incidents.

The Safeguarding Board would be multi-agency and include representation from Cheshire Police, the Probation Service, the Local Authority, Health and Housing. A Stakeholder Event had been held and arrangements were underway to appoint an Independent Chair of the Safeguarding Board that would comprise officers from Partner organisations. Elected Member accountability would rest with the appropriate Cabinet Member.

RESOLVED: That:

- (a) the update report be noted and a progress report be submitted to the next meeting;
- (b) all Members be provided with the details of the Safeguarding Co-ordinator when appointed; and
- (c) a training event be provided for all Members of the Council on issues relating to Safeguarding Adults.

14 JOINT HEALTH SCRUTINY COMMITTEES

The Committee considered a report of the Governance Lead Officer recommending the establishment of a Joint Scrutiny Committee in relation to the Cheshire and Wirral Partnership Foundation NHS Trust.

The report advised that there was currently a Joint Scrutiny Committee between Cheshire County Council and Wirral MB Council to scrutinise the work of the Cheshire and Wirral Partnership Foundation NHS Trust – the provider of mental health, learning disability and drug/alcohol services across Cheshire and Wirral.

The Committee had at its first meeting endorsed the principle of continuing these Joint Scrutiny arrangements and Wirral MBC were also keen to continue the current arrangements. No response so far had been received from Cheshire West and Chester Council. The Committee was advised the the Joint Scrutiny Committee met three times per year with the positions of Chair and Vice Chair alternating between Cheshire County Council and Wirral MBC. Secretarial Services were supplied by the Authority providing the Chair.

The Committee was advised of draft terms of reference and that at present the County Council and Wirral MBC each appointed six representatives with deputies.

RESOLVED: That the Governance and Constitution Committee be recommended to agree the participation of Cheshire East Council in joint arrangements with Wirral MBC to scrutinise the work of the Cheshire and Wirral Partnership NHS Foundation Trust and appoint six representatives (with Deputies) to serve.

15 REVIEW OF BURN CARE SERVICES

The Committee considered a letter dated 16 December 2008 received from the Chairman of the Northern Burn Care Network (NBCN). The NBCN had been established approximately twelve months ago following a national review of Burn Care Services across England and Wales which had led to new National Burn care Standards. The NBCN was looking at how the new National Burn Care Standards were to be met and were keen to engage Overview and Scrutiny in the process. Stakeholder Engagement Events had been held and the Department of

Health had advised that an event for Overview and Scrutiny Chairs should be held to assist in the engagement process. The Committee was invited to consider whether the Chairman or Vice Chairman should attend the event which was on 2 February at Wakefield.

RESOLVED: That the Vice Chairman, accompanied by the County Council's Scrutiny Policy Manager, be nominated to attend the event organised by the National Burn Care Network on 2 February.

16 COOPTION

The Committee considered a report on co-option that sought views on whether to progress co-option further. The Committee was advised that, subject to the views and agreement of the Governance and Constitution Committee, it could co-opt – in a non-voting capacity – any individual whose experience and views Members felt could be of benefit. The County Council Committee had quite an extensive scheme of representation with some representatives attending meetings on a regular basis. However, there was no requirement to have a scheme of co-option and many Health Scrutiny Committees did not have such schemes.

In considering the issue Members were advised that there were a number of points to take into account:

- Liaison with other organisations could be achieved without having permanent co-option including involving organisations in Task and Finish Panels that were looking at a specific issue;
- It was important to have “balance” on the Committee;
- If the Committee was to pursue co-option it would need to consider from which sectors to seek representation together with the term of office to be applied and whether to have substitution arrangements;
- How to handle potential conflicts of interest.

RESOLVED: That

- (a) no action be taken on permanent co-option to the Committee for the time being; and
- (b) further consideration be given to this matter in approximately twelve months time.

17 ANNUAL WORK PROGRAMME

The Committee considered a report outlining the need to prepare an Annual Work Programme and advising ways to facilitate this. The Committee would be expected to prepare an Annual Work Programme and account for its progress at year end.

Members noted that as the statutory Health (and Adult Social Care) Scrutiny Committee it had a number of issues that it “must do”:

- Consider Substantial Developments or Variations to local NHS Services;
- Deal with any matters referred to it, for example from Local Involvement Networks (LINK) or on a petition;
- Contribute to the Annual Health Check of Health Trusts;
- Consider Inspection Reports relating to Adult Social Care;

- Consider Annual Report on Complaints relating to Social Care;
- Deal with matters that had been “Called In” under the Scrutiny Procedure Rules;
- Consider the Annual Public Health Report.

There would also be a need to retain capacity to identify/scrutinise large scale cross-cutting strategic issues that impacted on the health and well-being of people in Cheshire East. The Committee noted a number of Reviews undertaken by the County Council’s Health and Adult Social Care Scrutiny Select Committee including on Diabetes and Community Support Centres. In addition there were a number of other important strategic issues locally including the Social Care Redesign and Joint Strategic Needs Assessment.

The Committee had already agreed in principle to hold Mid Point Meetings involving the Chairman, Vice Chairman and Group Spokespersons to assist with managing the business of the Committee. It was also noted that the Committee ought to consult on its draft Work Programme both internally with the Cabinet and Management Team and externally with local NHS Trusts and the LINK and consideration would need to be given as to what stage to do this.

Members discussed a possible Work Programme and highlighted the following issues/areas for consideration, in addition to any proposals for NHS Service Redesign:

- The Knutsford and Congleton Community Healthcare Project – it was noted that this would be considered at the next meeting but would require further consideration during the municipal year;
- Drug and Alcohol issues – this had been highlighted in the Joint Strategic Needs Assessment and at the Cheshire County Council/Wirral MB Council Joint Scrutiny Committee;
- Community Support Centres – this was the subject of a Task/Finish Panel at Cheshire County Council but may need further consideration.

RESOLVED: the Committee’s Work Programme for the year 2009/10 concentrate on those areas of work that it “must do” along with the items listed above.

18 FUTURE MEETING DATES

The Committee considered future meeting dates.

RESOLVED: That future meetings of the Committee be held on Monday 23 February at 2.00 pm and Monday 23 March at 2.00 pm at venues to be confirmed.

The meeting commenced at 2.00 pm and concluded at 3.15 pm

Councillor A Richardson (Chairman)

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CHESHIRE EAST COUNCIL

HEALTH AND ADULT SOCIAL CARE SCRUTINY COMMITTEE

Date of meeting: 23 February 2009
Report of: JOHN WEEKS
Title: INDEPENDENCE, WELLBEING AND CHOICE

1.0 Purpose of Report

- 1.1 This report makes Members of Committee aware of the response to the findings of the Commission of Social Care Inspection (CSCI) who inspected Independence, Wellbeing and Choice in February 2008. It also highlights key themes from this report and links them to developments in social care both nationally and locally. An important issue arising from this is the need for a 'whole system response' to social care needs.

2.0 Decision Required

The Members of the Health and Adult Social Care Scrutiny Committee are recommended to:

- Note the intention to create an Adults Safeguarding Board for Cheshire East
- Note the areas for development from the CSCI Inspection
- Note the need for leadership from the local authority and partners in promoting a 'whole system response' to social care need.
- Request a further report in four months that provides an update on the above issues and how they are being addressed through the redesign of adult social care and other Council initiatives.

3.0 Financial Implications in 2008/09

- 3.1 There is some expenditure within this financial year around the creation of the Safeguarding Adults Board and the appointment of an independent person to chair the Safeguarding Board.

4.0 Financial Implications 2009/10 and beyond

- 4.1 The continuing growth of demand for social care services linked to the ageing population and the growing complexity of the needs of young adults in transition from Children's Services pose potential risks for future financing. These are addressed by changes within Adult Social Care through the Adult Social Care Redesign Project but such changes

need to be matched by changes within the Council and in partner agencies to ensure that a greater proportion of the needs of older people and vulnerable adults are met within universal services

5.0 Legal Implications

- 5.1 The legislative framework of social care has not changed as part of the reforms. Councils remain liable to meet assessed care need. Efforts to reduce such need through preventive interventions and other measures are therefore essential.

6. Risk Assessment

- 6.1 The quality of life of older people and vulnerable adults is rising up the national agenda and will be a key element in the judgement of Council performance. It is essential that the Council and its partners make a coordinated response to issues such as housing, health, safety, leisure, transport and employment/training in order to improve overall quality of life and improve the outcomes of the most disadvantaged groups.

7.0 Background and Options

- 7.1 The Government has demonstrated a consistent approach to the changes required in social care since the Green Paper, 'Independence, well-being and choice' (2005) and reinforced in the White Paper, 'Our health, our care, our say: a new direction for community services' in 2006. It describes the vision for the development of a personalised approach to the delivery of adult social care and the context in which this policy is grounded. Prevention, Personalisation and a whole system change are key parts of this response.

- 7.2 The Commission for Social Care Inspection carried out an inspection of Independence, Wellbeing and Choice and Safeguarding Services in Cheshire County Council between the 5th and 13th February 2008. This focused on older people (not exclusively) and 3 themes

- People have access to preventive services.
- People benefit from effective partnership working, and
- People are safeguarded

- 7.3 The inspection team found overall **Good** performance: Most people were effectively safeguarded against abuse, neglect or poor treatment. It is clear that very few Councils achieved this level of assessment and none has achieved a better level. However there were areas for development.

8. Areas for development:

- Balancing risk in supported housing
- Safeguarding training for partner agencies
- Information sharing between agencies
- Impact of the Adult Protection Committee

9. Specific Recommendations

The report contained a series of specific recommendations aimed at achieving the improvements required by the inspection. These are contained in the document at Appendix 1, along with an estimate of progress to date.

10. Overview of Day One, Year One and Term One Issues

- 10.1 On day 1 it will be essential to have effective Adult Protection arrangements in place and the foundations of a wider safeguarding approach. This will be covered by progress on establishing an Adults Safeguarding Board chaired by an independent person.

By the end of year one the Safeguarding Board should be well established and should be beginning to oversee and influence multi-agency arrangements. The impact of the Redesign of Adult Social Care should begin to show in terms of more people having access to information and interventions that divert them from formal social care involvement. Those within social care should have greater choice and control. Together these responses should deliver better outcomes for individuals and their communities.

By the end of Term 1 these arrangements should be influencing the policies, procedures and priorities of the partner agencies, ideally via the Local Area Agreement. This in turn should begin to deliver improved outcomes for people and less reliance on formal social care inputs. This is consistent with the position set out in the Local Authority Circular of January 2008, which stated:

This is a challenging agenda, which cannot be delivered by social care alone. To achieve this sort of transformation will mean working across the boundaries of social care such as housing, benefits, leisure and transport and health. It will mean working across the sector with partners from independent, voluntary and community organisations to ensure a strategic balance of investment in local services. This will range from support for those with emerging needs, to enabling people to maintain their independence and to supporting those with high-level complex needs. When considering transformation partners should look at resources spent through mainstream services, the NHS, housing and other relevant statutory agencies, the voluntary and private sectors, and not just those resources spent via the adult social services department.

11. Reasons for Recommendation

To ensure that the Committee is aware of the response to the Commission of Social Care Inspection report and how this will be seen within Cheshire East.

To assist the Committee in identifying how the Council can lead the delivery of safeguarding and prevention work within the wider partnership

To suggest how the Committee may monitor progress in achieving the required response to the report in the context of the Redesign of Adult Social Care and the development of Cheshire East Council.

For further information:

Portfolio Holder: Councillor Roland Domleo

Director: John Weeks, Strategic Director - People

Tel No: 01270 529600

Email: john.weeks@congleton.gov.uk

Lead Officer: Phil Lloyd, County Manager, Community Care (East)

Also Head of Adults (designate) for Cheshire East Council

Room 359, County Hall, Chester

e-mail: phil.lloyd@cheshire.gov.uk

01244 973311

Background Documents:

Available on- line

Department of Health Putting People First -sets out the shared aims and values which will guide the transformation of social care.

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_089665

Local Authority Circular 1 (DH) 2008

http://www.dh.gov.uk/en/Publicationsandstatistics/Lettersandcirculars/LocalAuthorityCirculars/DH_081934

This Local Authority Circular sets out information to support the transformation of social care as signaled in the Department of Health's social care Green Paper, 'Independence, well-being and choice' (2005) and reinforced in the White Paper, 'Our health, our care, our say: a new direction for community services' in 2006. It describes the vision for development of a personalised approach to the delivery of adult social care and context in which this policy is grounded.

Commission for Social Care Inspection

Inspection on Independence Wellbeing and Choice in Cheshire County Council

<http://www.csci.org.uk/pdf/20080616%20Cheshire%20Final%20Report%20with%20cover.pdf>

APPENDIX 1

**ACTIONS REQUIRED OF CHESHIRE COUNTY COUNCIL AND
SUCCESSOR COUNCILS FROM INSPECTION OF INDEPENDENCE,
WELLBEING AND CHOICE, FEBUARY 2008.**

Action 1

The Council and its supporting housing partners should ensure an effective balance between positive risk taking and personal safety in supported housing for people with learning disabilities.

Current status - Amber

Financial audits of networks undertaken and action plans implemented to improve skills of staff. Risk assessments and management plans reviewed

Action 2

The Council and its partners should ensure a good standard of competence in safeguarding work across all sectors.

Current status - Amber

Training in all areas of adult safeguarding and prevention will inform re tendering process for provision of training. Multi agency provision of training to be considered via safeguarding boards.

Action 3

The Council and its partners should ensure that the management of risk and the achievement of positive outcomes are supported by appropriate flows of information.

Current status - Amber

Best practice risk assessment models are about to be discussed at an away day involving the newly appointed Adult Safeguarding co-ordinators

Action 4

The Council and its Partners should improve their awareness of the diverse cultural and lifestyle preferences of older people and their carers.

Current status - Amber

Research to be commissioned from Cheshire, Halton and Warrington Race Equality Council to improve awareness of cultural preferences of carers in BME communities

Action 5

Do more to identify hidden needs and positively respond to diverse cultural and lifestyle preferences, including older people who are gay, lesbian, bisexual or transgender and older people from the traveller / gypsy communities

Current status - Amber

Departmental Equality and Diversity Plan is now reviewed every month including links with organisations representing minority interest.– tracker page on the back of the document indicates what has been added or modified. Department's equal opportunities group checks plan for red, amber, green accuracy

Action 6

The Council and its partners should ensure better outcomes in prevention, personal control and independence for older people with mental health needs.

Current status - Amber

Ensure that commissioning processes with third sector providers highlight the need for all services for older people to make that provision accessible and appropriate to older people with mental health needs and their carers

Action 7

The Council and its partners should enable a wide range of opportunities for carers that promote their well being and improve their quality of life.

Current status - Amber

To develop an emergency registration card for carers and a subsequent brokerage service for carers in the event of a crisis. Carers emergency card is being developed with Princess Royal Trust for Carers

Action 8

The Council and its partners should ensure that the work of the Older Persons Network (OPN) enables stronger local participation and network of support.

Current status - Amber

OPN and CCC staff have been working with Cheshire Community Action (CCA) to develop a memorandum of understanding to govern the relationship between CCA and OPN.

Action 9

The Adult Protection Committee should strengthen its strategic leadership, performance monitoring and scrutiny arrangements to ensure a clearer focus on risk and outcomes across the partnerships.

Current status - Amber

Replace the current Adult Protection Committee with a Safeguarding Board

Action 10

The Adult Protection Committee should review the deployment of staff and management across the partnership to ensure a sustainable future response to increases in the size and complexity of adult safeguarding activity.

Current status - Amber

Work pressures associated with LGR have meant that it has not been possible to develop interim performance management arrangements prior to the setting up of the Safeguarding Boards. Attention has focused on setting

up the Boards themselves and their launch. Advertisement for independent Chair concluded, additional resources identified for safeguarding.

Action 11

The Council and its partners should enhance the commissioning of Third Sector organisations to meet increased demand and support sustainable business planning and service delivery.

Current status - Amber

A Framework document setting out the principles for working with the sector has been disaggregated for East and West. The East Cheshire Cabinet endorsed this on Sept 8th. The documents include a summary of current investment.

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