

Health and Adult Social Care Scrutiny Committee

Agenda

Date: Wednesday, 16th September, 2009
Time: 10.00 am
Venue: Committee Suite 1,2 & 3, Westfields, Middlewich Road,
Sandbach CW11 1HZ

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. **Declaration of Interests/Party Whip**

To provide an opportunity for Members and Officers to declare any personal and/or prejudicial interests or members to declare the existence of a party whip in relation to any item on the agenda.

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

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

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)

To approve the minutes of the meeting held on 29 July 2009.

5. **North West Ambulance Trust - presentation**

To receive a presentation from the North West Ambulance Trust on various matters including:

- The Foundation Trust application;
- Update on Community First Responders and Co-responders Scheme;
- Response times.

6. **Central and Eastern Cheshire Primary Care Trust Sustainability Plan/ East Cheshire Redesign**

At the last meeting of the Committee on 29 July 2009, Members received a copy of the Central and Eastern Cheshire Primary Care Trust (PCT) Healthcare Sustainability Plan. The Plan showed how the PCT would respond to a number of significant financial challenges during the current year. Members were briefed on the Plan and given the opportunity to ask questions.

Fiona Field, Director of Governance and Strategic Planning at the PCT, will be present at the meeting to update the Committee further on the Strategic Plan and additional redesign proposals in East Cheshire.

7. **Teenage Pregnancy** (Pages 7 - 10)

To consider a report of the Strategic Director People on the issues and recommendations arising from the recent visit of the National Support Team in relation to Teenage Pregnancy in Cheshire East. This report is also on the agenda for the meeting of the Children and Families Scrutiny Committee on 14 September 2009.

8. **Think Family** (Pages 11 - 20)

To consider a report of the Strategic Director People on some of the dimensions of the Think Family agenda and how this agenda might be taken forward by Cheshire East Council and by the whole system in Cheshire East. This report is also on the agenda for the meeting of the Children and Families Scrutiny Committee on 14 September 2009.

9. **Care and Support Green Paper** (Pages 21 - 36)

To consider a report of the Strategic Director People on the Care and Support Green Paper.

10. **Work Programme** (Pages 37 - 46)

To consider a report of the Borough Solicitor on the Work Programme.

11. **Pandemic Flu**

The Committee has been receiving regular updates on the situation regarding Pandemic Flu. There has been a national decline in cases of Swine Flu but the Department of Health has advised there could be a mini peak this month.

Fiona Field, Director of Governance and Strategic Planning at Central and Eastern Cheshire Primary Care Trust, will verbally update the Committee on the latest position in relation to Pandemic Flu.

This page is intentionally left blank

CHESHIRE EAST COUNCIL

Minutes of a meeting of the **Health and Adult Social Care Scrutiny Committee**
held on Wednesday, 29th July, 2009 at Committee Suite 1,2 & 3, Westfields,
Middlewich Road, Sandbach CW11 1HZ

PRESENT

Councillor A Richardson (Chairman)

Councillors C Andrew, S Bentley, C Beard, D Flude, W Livesley, A Moran,
C Tomlinson and J Wray

Apologies

Councillors G Baxendale, S Furlong, O Hunter, S Jones and A Martin

1 ALSO PRESENT

Councillor R Domleo, Portfolio Holder for Health and Well-being and Councillor A Thwaite (substitute).

2 OFFICERS PRESENT

P Lloyd, Head of Services for Adults,
M Flynn, Legal and Democratic Services,
D French, Legal and Democratic Services,
F Field, Director of Governance and Strategic Planning, Central and Eastern
Cheshire Primary Care Trust

3 DECLARATION OF INTERESTS/PARTY WHIP

There were no declarations made.

4 PUBLIC SPEAKING TIME/OPEN SESSION

There were no Members of the Public present who wished to address the meeting.

5 MINUTES OF PREVIOUS MEETING

RESOLVED: That the minutes of the meeting of the Committee held on 20 May be approved as a correct record.

6 THE CHESHIRE AND WIRRAL COUNCILS' JOINT SCRUTINY COMMITTEE - 7 MAY 2009

The Committee was informed that the Joint Scrutiny Committee set up by Cheshire East Council, Cheshire West and Chester Council and Wirral

Metropolitan Borough Council had held its first meeting on 7 May and the minutes of the meeting were submitted for information.

The Committee's role was to scrutinise the work of the Cheshire and Wirral Partnership NHS Trust – the provider of mental health, learning disability and drug and alcohol services across Cheshire and Wirral. The Committee had also received a detailed briefing session on 18 June followed by a visit to one of the Trust's facilities at Bowmere Hospital, Chester. The next meeting of the Joint Scrutiny Committee had been arranged for 8 October.

RESOLVED: That the minutes of the meeting of the Joint Scrutiny Committee held on 7 May be received.

7 CENTRAL AND EASTERN CHESHIRE PRIMARY CARE TRUST COMMISSIONING STRATEGIC PLAN 2009-2014

Fiona Field, Director of Governance and Strategic Planning at Central and Eastern Cheshire Primary Care Trust (PCT) briefed the Committee on the PCT's Commissioning Strategic Plan 2009 – 2014. She explained that it was a requirement of the Department of Health that each PCT produce such a plan and that the version submitted to the Committee was a revised version of the plan originally written in October 2008; it was to be revised again in the near future.

The Plan outlined the strategic ambition of the PCT which was “to work with others to achieve sustainable improvements in health and well-being of the population and to reduce inequalities of health”. There were eight local outcomes which related to areas where the PCT was struggling to achieve against targets or where performance was lower than expected which related to the following areas:

- Breastfeeding;
- Dignity and Respect for All;
- Transforming Urgent Care Services;
- Alcohol Harm Reduction;
- Cancer mortality;
- Stroke;
- Mental Health;
- Chronic Heart Disease.

There were also two National Outcomes which applied to every PCT relating to reducing health inequalities and improving life expectancy. The Committee was advised that across Central and Eastern Cheshire PCT's patch there was a difference in life expectancy of 13 years.

During discussion of the item the following issues were raised:

- Teenage Pregnancy – it was noted that the National Support Team had visited Cheshire East and a report on findings would be submitted to the Council shortly;
- Dementia services – a programme had been devised to ensure early diagnosis and improved quality of care and it was important to focus on services not buildings;

- The focus on Dignity and Respect for All was welcomed and that simple measures could make a difference such as calling older people by their title and surname rather than by their first name;
- The use of mystery shoppers and patient groups was a useful way of seeking views on services.

RESOLVED: That the Commissioning Strategic Plan 2009 – 2014 be received and the outcomes supported.

8 CARE AND SUPPORT GREEN PAPER

The Committee received a briefing produced by the Local Government Association on the Government's Green Paper on the Care and Support of Disabled and Older People.

The Paper proposed the establishment of a National Care Service and sought views on a number of options for funding care and support in future, namely whether funding should be organised nationally or whether there should continue to be a partnership between central government and local government.

A full report on the Green Paper would be submitted to the next meeting of the Committee and the Committee would be invited to submit comments to the Cabinet who would be responding to the Green Paper on behalf of the Council.

RESOLVED: That the report be noted.

9 CENTRAL AND EASTERN CHESHIRE PRIMARY CARE TRUST HEALTHCARE SUSTAINABILITY PLAN 2009/10

Fiona Field, Director of Governance and Strategic Planning, at the Central and Eastern Cheshire Primary Care Trust, briefed the Committee on the PCT Healthcare Sustainability Plan 2009/10. She explained that the PCT had a statutory responsibility to balance its budget and, although the PCT had inherited a deficit when it first came into being, it had maintained a balanced budget ever since.

The PCT was now facing financial difficulties due mainly to the significant increases in levels of activity in secondary health care and also the increased amount of NHS Continuing Care provided. The PCT's current financial situation was not due to the national credit crisis.

The PCT had developed the Sustainability Plan with the intention that it would not be a "quick fix" but a sustained focus on finance, with a series of principles adopted in setting the 2009/10 budget:

- The budget was set at a balanced position with a small surplus as required by the NHS;
- All contracts with key providers had been agreed and signed off and activity agreed at the outturn (ie end of last year's position);
- No further growth in activity above the 2008/09 level had been assumed;;
- The full estimated impact of Payment by Results had been included;
- Inflation had been added to all contracts;
- Funding for new developments had been kept to a minimum and only included the Elmhurst intermediate care facility, national specified costs

to Specialised Services and the costs of the Leighton Hospital Urgent Care Centre;

- A reduction in some budgets including prescribing and PCT infrastructure costs.

The Plan set out a number of specific cost reductions that the PCT was confident would ensure services could be delivered and improved within allocated resources. However, there was a Contingency Plan setting out changes that could be implemented if further budget savings were required. A number of the proposed changes would require a notice period and formal consultation.

During discussion of the item the following issues were raised:

- The reduction of high cost out of area placements was welcomed;
- The reduction in contract cleaning hours related to the PCT's offices only;
- Reduction in prescriptions would be achieved by the introduction of an IT system whereby GP's attention would be drawn to cheaper alternative drugs that had the same outcomes;
- The proposed new premises at Scholar Green would not progress at the moment;
- The pilot Joint Equipment Retail service with the Local Authority was to be evaluated to assess its effectiveness in view of the increased costs of the service.

RESOLVED: That the PCT Sustainability Plan be noted.

10 REDESIGN OF BEDS OUTSIDE HOSPITALS - KNUTSFORD AND CONGLETON

The Committee considered a report on the PCT's proposals relating to redesigning services in Knutsford and Congleton. The County Council had established a Task/Finish Panel to look into the proposals and it was recommended that a Panel be re-established to continue considering the redesign.

The Committee was advised that Developers had been appointed for both the Knutsford and Congleton projects but sites had not been agreed. However, the continuation of the projects was dependent on the PCT financial situation as the Sustainability Plan had identified the suspension of this project as part of its contingency proposals.

RESOLVED: That a Task/Finish Panel be established to consider the proposals relating to the redesign of services in Knutsford and Congleton based on 6 Members on a 4:1:1 basis.

11 PANDEMIC FLU

The Committee received an update on the current position relating to the flu pandemic.

Three antiviral collection centres had now been identified or set up in Cheshire East – Universal House, Middlewich (the PCT headquarters), Crewe (either the

Oaklea Centre or Meredith Centre) and the Senior Citizens' Centre, Macclesfield. The PCT had worked with the Council regarding identifying suitable sites as it was not possible to use hospital or primary care facilities due to the increased risks of spreading infection. All users of the Senior Citizens Centre had been consulted and alternative venues found for them to use. There were also a number of Community Pharmacies issuing antiviral medicine.

It was not possible to confirm actual cases of Swine Flu as patients were no longer swabbed, the numbers of people issued with antiviral medicine at the centres in Middlewich and Macclesfield together with Community Pharmacies totalled 3362 at 28 July 2009.

A National Flu Helpline had been set up on 23 July where people who suspected they had swine flu could be taken through their symptoms, issued with a reference number which a "flu friend" could then take to a collection centre to collect medicine on their behalf.

A Swine Flu vaccine was being developed in preparation for a mass vaccination programme to start in Autumn, with high risk groups targeted initially. The vaccine would be given in two parts, 3 weeks apart. The ordinary winter flu vaccine programme would continue as usual.

RESOLVED: That the update on Pandemic Flu be received and noted.

The meeting commenced at 10.00 am and concluded at 12.15 pm

Councillor A Richardson (Chairman)

This page is intentionally left blank

CHESHIRE EAST COUNCIL

REPORT TO: HEALTH AND ADULT SOCIAL CARE SCRUTINY COMMITTEE

Date of Meeting: 16 September 2009
Report of: Strategic Director People
Subject/Title: Teenage Pregnancy

1.0 Report Summary

- 1.1 The report provides an update on issues arising from the recent visit of the National Support Team and makes recommendations that Cheshire East Council working with partners within the Children's Trust, particularly Central and Eastern Cheshire PCT, are asked to accept to further the work to deliver Cheshire East's Teenage Pregnancy Strategy.

2.0 Recommendations

- 2.1 That the Committee accepts the recommendations made by the National Support Team and that Cheshire East Council works with the PCT and other partners to finalise Action and Delivery Plans in line with the timescales outlined.

3.0 Reasons for Recommendations

- 3.1 There has been lack of progress in addressing teenage pregnancy prevention and conception rates for under 18 year olds has not reduced since the introduction of the national teenage pregnancy strategy in 1998.

4.0 Wards Affected

- 4.1 All

5.0 Local Ward Members

- 5.1 All

6.0 Policy Implications including - Climate change - Health

- 6.1 Policy and actions will need to be reviewed in order to secure progress in this area.

7.0 Financial Implications for Transition Costs (Authorised by the Borough Treasurer)

7.1 None

8.0 Financial Implications 2009/10 and beyond (Authorised by the Borough Treasurer)

8.1 The Local Authority receives funding in the form of a Teenage Pregnancy Grant to secure leadership in this area. This funding enables the Local Authority to recruit a post to lead on this work. A small amount of funding is available within this grant to commission some targeted preventative work and sits alongside funding held by partner agencies, notably health, to commission relevant sexual health and prevention programmes for young people.

9.0 Legal Implications (Authorised by the Borough Solicitor)

9.1 The Local Authority needs to comply with the terms of the Teenage Pregnancy Grant in order to ensure the funding is not withdrawn. The adoption of the recommendations will ensure that the Local Authority fulfils its obligations as a lead partner in this area of work.

10.0 Risk Management

10.1 Continued failure to reduce teenage pregnancy will impact negatively upon the performance of the Council in CAA.

10.2 Additionally risks associated with failure to address teenage pregnancy are of poor outcomes for young parents and for their children in terms of longer term life choices.

11.0 Background and Options

11.1 The National Support Team visit was planned after a period of sustained underperformance in the reduction of teenage pregnancy rates across Cheshire. The aim of the visit was to develop an understanding of the local area and to provide immediate feedback to all partners about what actions could be taken to reverse this trend. There was also a clear offer of further NST support which will inform the Cheshire East's Teenage Pregnancy Action Plan.

11.2 Whilst the visit was not part of a formal performance management review, it aimed to influence key players in relation to, for example, the priority placed on delivering the strategy and the policies and actions necessary to achieve this. Significant work occurred around collation of data to illustrate the current position and data packs were produced for key players. Planning meetings between representatives of the core services produced presentations from both the PCT and Cheshire East Council which served to illustrate the current position and the joint commitment, with an agreed number of core messages for future work.

- Joint approach to commissioning
- Joint structures
- Intelligent use of data to inform joint commissioning and service deliver
- Targeted preventative approach
- Further engage schools/colleges
- Shared understanding of finance and joint budget agreements
- Sharing of information/joint information
- Pursue integrated/joint/shared sexual health strategy
- Engagement and consultation with young people and their families and carers
- Strong and joint leadership across key agencies and advocacy on all occasions
- Target money collectively
- Senior Strategic post to lead on Teenage Pregnancy – separate post
- Clear performance framework

11.3 The key messages from the presentations were that Under 18 conceptions were focused in small geographical areas, 'hot spots'. In relation to deprivation the emerging teenage pregnancy pattern of conception was significantly greater than would be expected in these areas, indicating that deprivation was only one of a number of responsible factors. Despite historic coverage of prevention services within our 'hot spot' areas rates have remained steady or have increased. Some areas have shown high levels of single or repeat terminations. There was also concern for the vulnerable groups such as care leavers.

11.4 In order to provide customized advice and gain further understanding of the local area, the visiting team members held a series of informal one-to-one discussions with key players. The interviews were in the form of informal discussions, focussing mainly on the themes identified in the Teenage Pregnancy Unit's Self Assessment Toolkit.

11.5 Feedback was given to the local partnership by the National Support Team at the end of the visit, with opportunities for discussion and problem solving at the feedback session. A formal report was then produced and shared with all key players. A brief overview of the salient points includes recommendations based around 4 key areas.

11.5.1 **Strategy**

- An Executive Board needs to be developed and chaired by Directors from LA and PCT to lead, drive forward and performance manage the teenage pregnancy prevention strategy.
- The urgent recruitment of a senior strategic post to lead on teenage pregnancy prevention, this is to be led by Cheshire East Council.

11.5.2 Data

- As part of the Children's Trust arrangements, data should be disseminated in an accessible and relevant format by all and between all partners, to inform better planning, targeting and performance management of the strategy.

11.5.3 Communication

- The LA and PCT communications leads are made responsible for the urgent development of a Teenage Pregnancy Communication Strategy and Action Plan.

11.5.4 Implementation

- There needs to be an explicit and detailed young people's Sexual Health Needs Assessment, to inform the design and delivery of young people's contraception and sexual health services as part of a strategic commissioning plan.
- There needs to be a radical overhaul of current Contraceptive And Sexual Health (CASH) provision, including the condom distribution scheme, to ensure it meets the needs of young people and the 'You're Welcome' standards. A regional team of experts will facilitate the planning event.

12.0 Overview of Year One and Term One Issues

12.1 None

13.0 Access to Information

The background papers relating to this report can be inspected by contacting the report writer:

Name: **Lorraine Butcher**
Designation: **Head of Service, Children & Families**
Tel No: **01270 686021**
Email: **lorraine.butcher@cheshireeast.gov.uk**

CHESHIRE EAST COUNCIL

REPORT TO: Health and Adult Social Care Scrutiny Committee

Date of Meeting:	16 September 2009
Report of:	John Weeks, Strategic Director – People
Subject/Title:	Think Family

1.0 Report Summary

- 1.1 This report identifies some of the dimensions of the Think Family agenda.
- 1.2 It then recommends how that agenda might be taken forward by Cheshire East Council and by the whole system in Cheshire East.

2.0 Recommendations

Committee is recommended that this report is accepted for information.

3.0 Reasons for Recommendations

- 3.1 Think Family was one of the Big Ideas which underpinned the proposals for establishing two new Unitary Authorities in Cheshire.
- 3.2 Several strands were apparent within that Big Idea:
 - 3.2.1 It was felt that the organising principles often used by Councils when they set up Departments were artificial and irrelevant.
 - 3.2.2 There was an ambition to bring services together not on the basis of the ideas of the professionals, but more on the basis of the experiences and the perceptions of the people who use those services.
 - 3.2.3 In particular, it was believed that a fundamental experience of most people is that of being, or of having been, part of a family.
- 3.3 There is no doubt that those who put together the “People and Places” bid in support of reorganisation into two new Unitary Councils were influenced by the example of Councils which had brought Children’s Services and Services for Adults together under a single Strategic Director. The East Riding of Yorkshire was one such Council whose arrangements were scrutinised.

- 3.4 Those who put that bid together wanted not just a new structure, but new ways of working. They were determined to put in place arrangements which would support corporate rather than Departmental commitment, and an orientation to working on themes and programmes rather than simply on services.
- 3.5 The Think Family agenda is a classic example of the new way of working which Cheshire East Council and its partners should be taking forward.
- 3.6 Cabinet considered this report on 11 August 2009 and endorsed the recommendations that:
- (1) a Think Family Strategy should be developed by Cheshire East Council.
 - (2) the Strategic Director (People) to take the lead in developing that strategy in collaboration with colleagues across the whole Authority, and
 - (3) that work be shared with partners in the Local Strategic Partnership and the Local Area Partnerships.

4.0 Wards Affected

- 4.1 The ideas set out in this report, if implemented, would be relevant to the whole of Cheshire East.

5.0 Local Ward Members

- 5.1 The Think Family agenda is relevant to all Members of the Council.

6.0 Policy Implications including - Climate change - Health

- 6.1 A Think Family Strategy would contribute to and would need to connect with all of the objectives and priorities agreed by the Council in its Corporate Plan for 2009/10 – Children and Young People, Adult Health and Wellbeing, Stronger Communities, Safe Communities, Exclusion and Equality, Economic Development and the Environment.
- 6.2 It would also underpin and contribute to the Council's Transformation Programme.

7.0 Financial Implications for Transition Costs (Authorised by the Borough Treasurer)

- 7.1 There are not likely to be any implications for Transitional Costs.

8.0 Financial Implications 2009/10 and beyond (Authorised by the Borough Treasurer)

- 8.1 Some specific resources have been made available by central government, through the Department for Children, Schools and Families (DCSF). Those are detailed below in paragraph 11.22.
- 8.2 It can be anticipated that if the Think Family approach is effectively implemented, not only will it improve the experiences and wellbeing of families, it will also have preventive impact and reduce duplication. At this stage, however, it is not possible to estimate the consequent savings.

9.0 Legal Implications (Authorised by the Borough Solicitor)

- 9.1 There are not likely to be significant legal implications.

10.0 Risk Management

- 10.1 There is a risk of wastage and ineffectiveness if the range of interventions currently made with families is not better orchestrated.
- 10.2 There is also a risk that our assessment of need and our planning upon that basis may be flawed if it does not see individuals in the context of family and if it does not sufficiently support the strengths and the resilience which can often be found within families.

11.0 Background and Options

- 11.1 "Think Family" is a slogan. There is a danger that as its use becomes widespread, assumptions are made that everybody knows what it means and that we are all using the phrase in the same way.
- 11.2 It may be helpful first of all to define the concept of family.
- 11.3 There are some who are concerned that the term, "family", may have the effect of excluding some people. Not everybody, it is argued, lives together under a single roof with partners, children and siblings.
- 11.4 In fact, that is a narrow use of the term and a particularly recent one, heavily influenced by our modern emphasis upon the nuclear family.
- 11.5 For most of our history "family" has had a much more inclusive meaning, referring to people connected either by blood or affinity, whether or not they happen to live together.

- 11.6 There are certainly some who have no current experience of family. An obvious example is single, homeless men whose contact with relatives has been completely severed. Most of them, though, would have experienced family life of some kind in the past.
- 11.7 One of the most striking demographic changes during the last quarter of the twentieth century was the increase in the number of single person households. Many of those were households of Older People.
- 11.8 However, it is impossible to respond sensitively to the needs of an Older Person living alone without acknowledging their family and their family history.
- 11.9 This is particularly relevant to Cheshire East, for we have a larger than average Older Person population. For many years our younger people have been obliged to pursue Higher Education well beyond our borders, and many of our working age population have been mobile. As a consequence we have many Older People living on their own in Cheshire East, who have family elsewhere in England and the world. The care needs of those Older People cannot be planned in isolation from the contributions, opinions and interests of their distant families. That calls for a distinctive way of working on our part.
- 11.10 The point being made here is that we should use “family” in an embracing and inclusive way.
- 11.11 As for the phrase “Think Family”, it seems possible to distinguish a **general** and a **particular** usage.
- 11.12 In general terms, Think Family is an aspiration to get Local Authorities to move away from responding to needs narrowly and instead to put their activities and services together in ways which much more relevantly reflect the ways in which people live their lives.
- 11.13 Underpinning that aspiration there is usually a belief in the importance of strengthening families. For some that belief rests upon religious or political values. For others it is associated with the challenge of building social capital – the argument is that if there is an objective to develop capacity in local communities, a good place to start is in the family, the building block of communities. Think Family offers the opportunity to give more emphasis to the need to build and build upon the resilience of our children and their families.
- 11.14 On that **general dimension**, Think Family would embrace families of every sort. One example can illustrate this. The People Directorate has recently submitted a bid, in the context of the National Dementia Strategy, to become a Demonstrator Site for the development of Peer Support Networks:-

- 11.14.1 The idea is to develop Peer Support Networks in Cheshire East, to benefit people with Dementia and those who care for them. The idea is felt to be particularly relevant to isolated people and those living in rural areas.
- 11.14.2 In particular, the proposed pilot will take a new approach, by testing the extent to which ICT can play a part in helping people to communicate with one another, sharing experiences, finding information and getting mutual support.
- 11.14.3 Support to dementia sufferers and their carers is not a novelty. However, the Directorate has decided to adopt a Think Family approach. Part of the pilot will be about seeking to involve grandchildren and great-grandchildren in these networks and groups. Older People with dementia live within families. They have grandchildren and great grandchildren. Increasing numbers of children and young people will have experience of seeing an elderly relative develop dementia. They can be helped to understand what is happening, to respond in appropriate ways, and to retain positive feelings and memories about the relative whose personality is slowly eroding away. Continued contact with children and young people can also be very positive for Older People with dementia.
- 11.14.4 That specific orientation in our bid exemplifies the general “Think Family” agenda. Our services have traditionally focused upon the dementia sufferer and their carer. “Think Family” is about widening the field of vision, to take in much more of the whole of that person’s experience.
- 11.15 **The particular dimension** of “Think Family” has its origins within the Social Exclusion Task Force and the Department for Children, Schools and Families. It is focused upon vulnerable children and young people, but it seeks to see them and to respond to them with their family context.
- 11.16 Along that dimension, “Think Family” is defined as an initiative to reform the systems and services in both Children’s Services and Adults’ Services to ensure they work together to:
 - 11.16.1 Identify families at risk, so that they can provide support at the earliest opportunity.
 - 11.16.2 Meet the full range of needs within each family they are supporting or working with.
 - 11.16.3 Develop services which can respond effectively to the most challenging families.

- 11.16.4 Strengthen the ability of family members to provide care and support to each other.
- 11.17 There are four strands to that particular Think Family initiative:
- 11.17.1 Continuing the momentum of the Think Family programme and drawing both corporate and whole system players into it.
- 11.17.2 Setting up Youth Crime Family Intervention Projects (FIPs), to provide intensive support to those families in the greatest difficulty.
- 11.17.3 Establishing Parenting Early Intervention Programmes (PEIPs), to help mothers and fathers of children (aged 8-13) at risk of poor outcomes to improve their parenting skills.
- 11.17.4 Sustaining Parenting Experts, an existing programme.
- 11.18 Think Family is not just something for the People Directorate to get on with. If Cheshire East is genuinely committed to putting people at the heart of all it does, then Think Family must be prominently on the agendas of every part of the Council.
- 11.19 Nor is it only part of the Council's service orientation. Think Family has relevance to our staff, as much as it does to our service users and general public. One example will be sufficient. Many of our staff, as family members, have significant informal caring responsibilities for children, for partners with long-term conditions or disabilities, and for elderly relatives. Our workforce strategy should set out the ways in which we will be a family friendly employer. In particular it should explicitly address the issues of informal caring undertaken by staff. There are examples from other Authorities which can be borrowed. A starting point would be to identify, through self-referral, those colleagues who are willing to acknowledge that they have significant informal caring responsibilities.
- 11.20 Think Family extends well beyond the Council into the whole system of Cheshire East. The Guidance published by the Cabinet Office makes it very clear that changes arising from the implementation of the Think Family agenda should impact not just upon Council services for children and adults, but upon the whole local system. That guidance identifies the following players as "Delivery Partners":-
- The NHS
 - The Third Sector
 - The Youth Offending Team
 - Connexions

- The Police
- Housing
- Regeneration

Obviously, the Cheshire East Children's Trust will play a key role in brining those players together on the children side, and the Health and Wellbeing Thematic Partnership of the LSP on the adult side.

- 11.21 Some illustration of the potential scope of a Think Family Strategy is given in Appendix One of this paper, where a number of Think Family issues are listed, in no order of priority.
- 11.22 For the specific Think Family initiative the Department for Children, Schools and Families has made some additional resources available:
- £100,000 was already allocated to the Parenting Experts programme, and that will continue.
 - £237,991 has been allocated as new funding from 1st April, 2009. Of that, £143,000 is to go into Parenting Early Intervention Programmers, and the remainder will resource Youth Crime Family Intervention Projects and the general Think Family programme.
- 11.23 Of course, the resources available are far greater than that. One of the potential benefits of having, and of generating ownership of, a Think Family strategy is the scope which it gives for lining up lots of resources more coherently in support of the implementation of agreed objectives. There are significant resources, for instance, in the hands of the Education Improvement Partnerships (EIPs). In some EIPs resources are already being used in support of the Think Family agenda. EIP resources are deployed, for example, to employ Family Support Workers. In others more could be done to take the agenda forward.
- 11.24 There are significant mainstream resources, and it will be important to review whether they are being used effectively to advance the Think Family programme. Within Services for Children and Families there is some evidence of fragmentation of service, with separate sectors not connecting as much as they should with others. The working relations between schools and Children's Centres are not always as positive as they ought to be. In many situations the need may be to get better value out of the existing resources by ensuring that they really do wrap around families. The Children's Trust has recently agreed the development of Multi-Agency Prevention Teams and they will make a vital contribution to this agenda.
- 11.25 The universal services have their part to play – Library services, Leisure services, Arts services, Museums, Green spaces. One of the challenges in implementing a Think Family Strategy will be that of “flexing the universal services” – getting those services to own their part in implementing the strategy and to reprioritise their activities so

that they offer more to support it. And the universal services are, of course, by their nature relevant to all children and families, not just those with particular challenges in their lives. There is work to be done in joining up those universal services, making them better known and making access to them easier. One of our aspirations in terms of access to services is that there should be “No Wrong Door”.

- 11.26 A key mechanism in this will be the Case Committees, which are to be developed as part of the Local Area Partnerships (LAPs). Those Case Committees will be looking at specific cases and posing fundamental questions about the ways in which local resources might be used differently to get better results. In essence the Case Committee will be an important arena for the practice of locality commissioning, and it will be crucial for them to be imbued with the Think Family ethos.

12.0 Overview of Year One and Term One Issues

- 12.1 As this work is taken forward during Year One it will be necessary to ensure that all the parts of the Council become engaged with it and also that it is appropriately connected with the Thematic Partnerships of the Local Strategic Partnership and with the Local Area Partnerships.
- 12.2 It should be anticipated that during Term One a Cheshire East Think Family Strategy will have been agreed by the Council, that it will have been supported by the Local Strategic Partnership and that a first phase of implementation will have been completed.

13.0 Access to Information

The background papers relating to this report can be inspected by contacting the report writer:

Name: John Weeks
Designation: Strategic Director - People
Tel No: 01270 686028
Email: john.weeks@cheshireeast.gov.uk

- Specific Think Family material can be found on the website of the Department for Children, Schools and Families – dcsf.gov.uk – and of the Cabinet office – cabinet_office.gov.uk

APPENDIX ONE

Think Family Issues

1. Commissioning.

Traditionally commissioning has been done separately, on the basis of user groups – children, adults with learning disabilities, adults with mental health problems and so on. Adopting a Think Family approach, we would weave those separate strands together. And as commissioners address their task, a Think Family orientation ought to help them to break down and think across the boundaries and demarcations which have developed between services over the years.

2. Young Carers.

Young Carers provide support to adults with needs. A recent survey showed, for instance, that 30% of young carers were supporting an adult with mental health problems.

3. Volunteering.

A lot of our volunteering is based on the 1:1 model. Some of the experience of foster care shows how positive it can be to introduce a family to a family.

4. Building Schools for the Future.

If this programme is still running when Cheshire East's turn comes, there will be an opportunity to implement it not just by upgrading some school buildings but through a radical rethink of the potential offer of schools to local families and local communities.

5. Domestic Abuse

Debates have taken place as to whether Domestic Abuse is a Children's Services issue because we are primarily concerned about the children in those situations, or an Adults' Services issue because we are concerned about the safety of women. A thorough Family approach renders those debates irrelevant.

6. Transitions.

Children with disabilities have experienced a "care precipice" when they move into services for adults. They and their families, having enjoyed the very much higher funding level of Children's Services, are shocked when they learn how poorly Adults' Services are resourced by comparison.

7. Housing.

If we want to improve the experiences of those who live in our more troubled estates, that can only be done by taking a whole family approach.

8. Joint Strategic Needs Assessment.

The Joint Strategic Needs Assessment would get much closer to informing our understanding of what it is like to live and grow up in Crewe, or Macclesfield or Alsager if it was organised around the theme of family rather than by age-groups, medical conditions or problems.

9. Obesity.

We do a great deal already to address obesity, particularly amongst children. Good work is done in schools, for instance, to get children to grow, prepare and eat vegetables. But that work is undermined if it focuses only upon the child and not upon their family. Organic broccoli at school will achieve little if the diet at home is chips, cola and chocolate.

10. Library Services.

We have Rhyme Time for young children in our libraries. We organise Reading Groups for older customers. Do we know how many grandparents take their grandchildren with them when they visit a library? As with many universal services, Library Services can assist positively in support of those who need targeted interventions. One example would be the input in relation to literacy, which can be particularly fruitful if it is made in a way which brings together the generations of a family. Parents reading to and with their children help their children and they help themselves.

11. Safeguarding.

At present we maintain pretty rigid separation between the Safeguarding of Children and the Safeguarding of Vulnerable Adults. One or two Local Authorities have now taken the step of developing generic Safeguarding Units.

12. Inter-Generational Work.

In one part of Cheshire work was done to bring Older People into school playgrounds to get them to share with the present generation some of the playground games which they enjoyed many years ago.

13. Teenage Conceptions.

We are relatively poor performers in terms of our numbers of teenage conceptions. We know from the research that here is a very significant family dimension to this phenomenon. Many young women who conceive during their teenage years are the daughters of mothers who did the same themselves.

14. Crime and Anti-Social Behaviour.

Part of the Think Family approach is about reinforcing parental responsibility for the behaviour of their young people. The Department for Communities and Local Government is keen to encourage Housing Providers to apply for Parenting Orders, where that sort of response seems likely to be effective.

CHESHIRE EAST COUNCIL

REPORT TO: Health and Adult Social Care Scrutiny Committee

Date of Meeting:	Wednesday, 16 th September, 2009
Report of:	John Weeks, Strategic Director - People
Subject/Title:	Shaping the Future of Care Together
Portfolio Holder:	Councillor Roland Domleo

1.0 Report Summary

- 1.1 This report contains information about the Government's Green Paper, "Shaping the Future of Care Together", which is about the care and support needed by Older People and disabled people.
- 1.2 The report recommends that the Members of the Health and Adult Social Care Scrutiny Committee should give advice to the Cabinet about their response to the consultation exercise upon the Green Paper's proposals.

2.0 Decision Requested

The Members of the Health and Adult Social Care Scrutiny Committee are recommended to decide to advise the Cabinet that they should:-

- 2.1 Welcome the emphasis which the Green Paper gives to prevention and early intervention, believing that a sustainable future for Adult Social Care in Cheshire East will depend upon such an approach.
- 2.2 Welcome the encouragement given to joining up services, recognising that within Cheshire East significant work is under way on that agenda.
- 2.3 Welcome the commitment expressed to pushing forward the development of personalisation, noting that Cheshire East is already well advanced with the task of extending greater choice and control to people.
- 2.4 Welcome the ambition to achieve greater consistency, but deplore the idea of establishing a fully National system.
- 2.5 Recommend that further consideration should be given to the development of a compulsory insurance model, built around a state based insurance scheme.
- 2.6 Welcome the attention given to the needs of carers, on the basis that investment in supporting informal carers will be crucial to the future of Cheshire East's Adult Social Care Services.

- 2.7 Urge that in the development of thinking about the future funding of care and support, more of a whole system approach should be taken, which embraces the resources of both Local Government and the NHS.

3.0 Financial Implications for Transitional Costs

- 3.1 There are no financial implications

4.0 Financial Implications for 2009-10 and beyond

- 4.1 There are unlikely to be any direct implications for the Council financially.
- 4.2 However, there could well be significant indirect consequences, depending upon the option finally selected. If, for instance, it was decided to “nationalise” the care service, Local Authorities would lose some of their commissioning responsibilities and that would no doubt be expressed in a reduction in the funding made available.
- 4.3 The Green Paper (Chapter Three) sets out a fine vision of what people ought to be able to expect from a good care and support system. For example, it describes the preventive services which such a system should deliver. It will, of course, be necessary to invest in the development of those preventive services.

5.0 Legal Implications

- 5.1 One of the options outlined is for “a fully national system”, under which National Government, not Local Authorities, would decide how much funding people should get.
- 5.2 In that event, there would no doubt have to be changes to the statutory duties of Local Authorities.

6.0 Risk Assessment

- 6.1 In many respects the Green Paper is disappointing. It does not seem to move the debate very much further beyond the findings and recommendations made by Sir Derek Wanless in his report, “Securing Good Care for Older People”, of March, 2006. (www.kingsfund.org.uk/publications).
- 6.2 There must be a real risk that, in the context of recession and recovery from recession, these crucial issues will again be shelved, and government will continue to avoid addressing something which is in the box marked “too difficult”.
- 6.3 If on the other hand, government goes for a fully national system, there is a significant risk of substantially undermining what has traditionally been the role

of Local Government – to assess needs and commission services to meet them.

- 6.4 Finally, there must also be a risk of raising public expectations unrealistically. Chapter 3 of the Green Paper sets out what every adult ought to get as a result of reform of the care and support system. Quite appropriately, that is presented in very positive terms. If the resources are not made available and if difficult changes are not pushed through, there is a risk of serious disappointment.

7.0 Background and Options

- 7.1 The Green Paper was published on 16th July, 2009. Its publication was delayed somewhat, no doubt to ensure that possible expenditure implications had been fully scrutinised by the Treasury.

- 7.2 There are essentially two large matters addressed in the Green Paper:-

- The nature of the system for delivering care and support. The Government recommends the development of a National Care Service in England. One of the crucial issues is seen as consistency. It is felt to be no longer acceptable that there should be such significant variations in the standards and quantity of care and support offered by different Local Authorities. The options are between a fully National Service in which Central Government decides how much funding an individual should receive and a mixed service, in which a division of responsibility between Local and Central Government is maintained.
- The funding of the system for delivering care and support. Five funding models are set out, two of which the Government is inclined to discard as unaffordable. The remaining three models upon which views are invited are the Partnership model, the Insurance Model and the Comprehensive Model.

- 7.3.1 The Green Paper was briefly considered at the meeting of the Health and Adult Social Care Scrutiny Committee which took place on 29th July, 2009. On that occasion a Briefing Note on the Green Paper prepared by the Local Government Association (LGA) was distributed to Scrutiny Committee Members. That Briefing Note is attached to this report as an Appendix and it sets out a clear explanation of the three Models referred to above.

- 7.3.2 The full text of the Green Paper is available online at www.tsoshop.co.uk

8.0 Overview of Year One and Term One Issues.

- 8.1 The public consultation on the Green Paper will close on 18th November, 2009.
- 8.2 It is intended that this matter, and the Scrutiny Committee's advice upon it, should be considered at the meeting of the Cabinet scheduled to take place on

3rd November, 2009. That would enable the Cabinet to resolve upon a formal response to the consultation within the deadline.

- 8.3 The Government's timetable for implementation in the light of the feedback it receives is not known at this time.

The background papers relating to this report can be inspected by contacting the report writer:

Name: John Weeks
Designation: Strategic Director - People
Tel No: 01270 686610
Email: john.weeks@cheshireeast.gov.uk

Care and Support Green Paper

15 July 2009

Key Messages

- The LGA has long called for reform of our adult social care and support system. Councils do an incredible job to ensure the vulnerable members of our society get the services they need but the system is not fit for the challenges of the twenty first century. The combination of insufficient funding, increased demand from an ageing society and escalating costs is already placing an immeasurable strain on adult care.
- We recognise the perceived and real unfairness that has resulted from the way the current system is funded and therefore support a nationally consistent system of assessment alongside a commitment for the state to fund an agreed minimum portion of each individuals care package.
- Councils know all too well, as the Government acknowledges in the paper, that there is a need for society to pay more for care and support in the future if we are to meet the needs of all those who require care. We accept therefore the need to consider options such as insurance schemes. This must be done alongside a wider debate on the total funding for health and social care, to ensure scarce resources are used effectively and focused on prevention, particularly after a decade that has seen funding for health increase in real terms by more than 6 times the increase in funding to local government to deliver services like social care. We do not believe it is right to conclude that there is not enough money in the system before having this debate.
- Local government already contributes a significant amount to total local adult social care expenditure through Council Tax. We estimate that local government contributes 39%, or more than £5.3bn to total adult care spend of over £13bn. In some areas councils fund more than 80% of their adult care expenditure through Council Tax.
- The Green Paper presents two system options: a part local/part national model and a fully national model. We want to see a part-national, part-local system with a single, transferable assessment of needs and means being applicable anywhere in the country but the services to meet need and the amount to pay for them decided locally.
- The LGA would strongly reject any attempt to 'nationalise' the care service. We do not support the option for a National Care Service that is fully nationally funded. This would:
 - undermine councils' flexibility in commissioning and designing care services around the needs of the user, which is clearly at odds with the commitment to personalisation;
 - hamper the ability of councils to join-up social care, health, housing and other systems to provide better outcomes for local people;
 - be less responsive than a locally-funded and locally-managed system;
 - lessen accountability by removing overall decision-making from democratically elected local councillors. Local people would effectively lose their voice on a service area that will affect everyone; and
 - change the nature local government funding which could reduce local flexibility.



Local Government Association

briefing

Local Government House, Smith Square, London SW1P 3HZ
 DX 119450 Clerkenwell 3 Email info@lga.gov.uk
 Tel 020 7664 3000 Fax 020 7664 3030
 Information centre 020 7664 3131 www.lga.gov.uk

- Balancing national consistency and local flexibility is key to the future of a successful, reformed system of adult care and support. Democratically elected local government must be able to decide with individuals what form support should take, within a national framework and an adequately funded system. This means adequate resources being allocated at a local level to take account of local need, local markets, and the local range of statutory and non-statutory organisations that are involved in care and support, which are unique to each area.
- Reform will take time but the difficult decisions that need to be made must not allow this crucial issue to slip down the agenda nor can the real funding pressures that are facing councils today be ignored. We are pleased that social care is finally getting the recognition it deserves and no longer being seen as the Cinderella service alongside health and education.

The LGA set out detailed proposals for a reformed system in *A Fairer Future* – available at <http://www.lga.gov.uk/lga/aio/2001605>.

Main Proposals

- A new National Care Service with a universal offer for care and support that is understandable to everyone, supports people to stay independent, and provides services based on individuals' circumstances and need. Key features include:
 - a standardised national needs assessment;
 - a nationally set level of need at which people qualify for care and support; and
 - a set minimum portion of care to be funded by the state e.g. 1/3 or 1/4
- Recognition of the need to increase available funding, with three preferred models:
 - Partnership: A guaranteed minimum of every individual's care costs paid for by the State (regardless of the individual's income), with the remainder of costs being met by the individual (subject to their means); or
 - Insurance: An extension of the partnership model with the option of additional care costs covered through insurance; or
 - Comprehensive: The requirement for everyone over retirement age to pay into a state insurance scheme.
- Two options for deciding how much an individual should receive to spend on care and support:
 - Part national/Part local – local authorities responsible for deciding how much an individual should receive to spend on care and support; or
 - Fully national – government would decide how much funding an individual should receive. This could be consistent nationally or vary across the country, based on nationally agreed amounts.
- Renewed focus on joining up social care, health, housing and other systems to provide seamless services that deliver better outcomes.

briefing

Local Government House, Smith Square, London SW1P 3HZ
 DX 119450 Clerkenwell 3 Email info@lga.gov.uk
 Tel 020 7664 3000 Fax 020 7664 3030
 Information centre 020 7664 3131 www.lga.gov.uk

- An expectation that councils will play a key role in helping to develop the local market for care and support services.
- A commitment to looking at how the social care workforce will need to develop in the medium and long-term through an action plan that will be developed over the coming months.
- Possible integration of Attendance Allowance and social care funding.
- To establish an independent organisation with the role of providing advice to government on best practice in terms of services and value for money.



LGA contacts

If you would like more information please contact: Nathan Stower, Senior Public Affairs Officer, nathan.stower@lga.gov.uk, 0207 664 3226 or Matt Hibberd, LGA Policy Officer, matthew.hibberd@lga.gov.uk, 0207 664 3160

Background

In the 2007 Pre-Budget Report and Comprehensive Spending Review the government committed to a 'radical rethink' on long-term care, including a Green Paper on how to best fund adult social care and support in the future.

In May last year the government published *The case for change – why England needs a new care and support system*. This paper defined the parameters of the debate and sought views. The public engagement process concluded on 28 November 2008. A copy of our response is available at: <http://www.lga.gov.uk/lga/aio/1271794>

The deadline for consultation responses on the Green Paper is 13 November 2009.

Key Proposals

A summary of the main proposals in the Green Paper is provided below.

Chapter 3: the vision for the future

This chapter sets out what every adult will be able to expect from a new National Care Service.

Prevention services

- Free support to help people stay independent and well for as long as possible: a period of reablement following discharge from hospital; housing support, telecare services to help individuals stay in their own homes, information about prevention and early intervention, and a possible independent body to provide advice on what works best for those needing care and support.

National Assessment

- The right to have your care needs assessed in the same way and for the assessment to be portable, so it applies anywhere in England.
- The right to have the same proportion of your care and support costs paid for wherever you live.

A joined up service

- All services an individual may need (social care, health, housing, benefits)

- to work together smoothly.
- Only one assessment of needs to gain access to a whole range of care and support services.

Information and advice

- Readily available information to help individuals understand what care and support they are entitled to, and what is available in their area.

Personalised care and support

- Services to be based on personal circumstances and care and support to be designed and delivered around individual need – including greater choice over how and where individuals receive support.

Fair funding

- Money to be spent well on high quality, cost-effective services.
- Some state help for everyone who qualifies for care and support to help meet the cost of care

LGA View

We support a greater focus on prevention and early intervention and believe these types of service can dramatically improve people's lives and save money in the long term.

We have called for a single, transferable assessment that covers needs and means and automatically triggers consideration of what related additional benefits and allowances an individual may be entitled to in our recent policy paper. Although individuals have a right to expect a package of care which meets their needs, we do not believe individuals should expect to receive exactly the same funding or services if they move into a new area. With an in-depth knowledge of their budgets, their citizens' needs, their partners' priorities and resources, and the local infrastructure available to support services, councils are best placed to interpret the local response to an individual's need. This local knowledge and flexibility is key to the delivery of the adult social care transformation agenda, with its emphasis on achieving outcomes for individuals, their families and communities.

We have long said that supporting older and disabled people is about more than just providing services delivered by council adult social care departments. It is about those departments working with appropriate health, housing, leisure, library, and transport services to name a few. We therefore support a focus on joining up all relevant services that support an individual's wellbeing, in particular through better alignment of planning and budgets.

Information and advice will be crucial to people in the future and councils, working with their partners, are ideally situated to meet this demand. Information and advice must play a dual role of helping people to think about (and take steps to improve) their quality of life, and supporting people with care needs who require services. The LGA and the IDeA, working with partners, are undertaking more work on commissioning effective information, advice and advocacy.

We support the personalisation agenda and believe it has great potential to transform people's experience of social care through personal budgets and improved opportunities to exercise genuine choice and control; not just about how support is provided, but also over the nature of that support.

Fair funding will be central to the realisation of these goals. True

personalisation means a person having choice and control over all the public support he or she receives so that the whole of it can be used flexibly. This includes the wide range of public services (adult care and support, health, housing, education, leisure, transport etc) which are brought together at the local and personal level. Councils are in a position to pursue this agenda and maximise the benefits of personalisation for both the individual and the public purse if central government will work with them to remove the bureaucracy and barriers which currently separate the funding streams which individuals receive to support their everyday lives.

Chapter 4: making the vision a reality

The paper identifies three areas of work that need to be addressed to make the government's vision a reality.

Better joining up of social care with health, housing and benefits services

- The government is keen to join up adult care with health, housing and benefits services as part of the commitment to keeping people well, independent, and living in their own homes. The government envisages the new National Care Service being fully joined up with the NHS to help people receive more appropriate care in the right setting.

A wider range of services in care and support

- To ensure individuals can connect with providers local government is expected to provide good quality information on what services are available. Capturing service user experience of those services to help shape information is also seen as important.
- The government also believes local government should play an important role in supporting providers to shift their focus from the council to the individual.

Better quality and innovation

- To ensure high quality, cost-effective services based on dignity and respect the government emphasises the importance of supporting people who work in care and support to develop their skills.
- To learn which care and support services work best the government proposes giving an independent organisation the role of providing advice to government on best practice and best value for money in care and support.

LGA View

We agree that greater focus on partnership working and the effective joining up of services will lead to improvements. Supporting older and disabled people is about more than just providing services delivered by adult social care providers; it is about ensuring individuals can access appropriate health, housing, transport and leisure services. Councils – as leaders of their local communities – are perfectly placed to work with a range of partners from the public, private and independent sectors to ensure all relevant resources, expertise and services work effectively together.

Councils recognise the role they have to play in helping to shape the local care market, particularly as more people become recipients of Direct Payments and Individual Budgets. They can shape a comprehensive supply of care and support services that are responsive to the needs of local residents.

With a number of dedicated improvement bodies already in place – many of which deal with adult care and support – we do not believe an additional organisation is needed, particularly at a time when cost effectiveness is so

important. This could duplicate existing work, increase bureaucracy, and raise further accountability issues. What is important is that councils lead their own improvement, with the IDeA supporting councils to learn from each other. Sector-led improvement in this way is a valuable, cost effective way to learn from each other. If a new independent body was to be created we would not want their information and evidence requests to become a burden on councils.

Chapter 5: the choices around funding

This chapter sets out four key issues that need to be addressed: (1) who should be responsible for paying for care and, linked to that; whether or not state funding should be distributed according to (2) where people live; (3) when people develop a care and support need; (4) whether people are able to pay.

Providing and paying for care

- The paper reveals that the vast majority of responses to the engagement process argued that everyone in society is responsible for ensuring people receive the care they need – from individuals, families, employers, communities and government.
- It reports that, of the three main ways of paying for care (individuals paying for themselves, families paying, and everyone in society paying via the state); almost everyone agreed that the government should share care costs through a largely tax-based system.

Distributing state funding

Three principles to determine how state resources are spent are put forward for discussion, based on the questions posed during the engagement process:

- Variation according to where people live: this is viewed as unfair by the majority of respondents to the engagement process because where someone lives should not impact on what level of care they can receive;
- Variation according to when someone develops a need: this is about whether there should be one system for everyone, or different systems based on the different needs people have. People are less concerned about how money is raised so long as individuals with different needs are entitled to the same outcomes;
- Variation according to whether people are able to pay for their care: the paper reports mixed views with some people believing state funds should focus on people with greatest need (and lowest means), but others finding it unfair that those who save all their lives have to pay for themselves, whilst those who have never saved get their care for free.

LGA View

This chapter highlights some of the difficult issues that need to be addressed if reform is to be lasting and successful. The mix of views from people who contributed to the engagement process shows it is difficult to build strong consensus for any one funding model.

We support a nationally applicable needs test because we agree that the availability of quality care should not be determined by where an individual lives. We also support means testing for higher care costs, with comprehensive information and advice available for those making their own arrangements.

Chapter 6: funding options

This chapter sets out the government's thoughts on two key funding issues:

making the most of the money currently in the system; and how to bring more money into the system.

Making the best use of existing funding

- The government acknowledges the many different pots of money that are currently used to pay for care and support, and argues many of these (e.g. Supporting People and Disability Living Allowance) are working well.
- Other funding pots are seen to be used less well. Attendance Allowance (AA) is identified in this respect because recipients get it regardless of how well-off they are.
- The government suggests looking at how to integrate AA funding with social care funding.

Bringing new money into the system

Five funding models are outlined as ways of bringing new money into the system: individuals paying for themselves; partnership; insurance; comprehensive; and tax funded. Of these, the government has three preferred options for a funding model that is universal, helps everyone who needs care to pay for it, is fair and affordable and is simple and easy to understand. These are the partnership model, the comprehensive model, and the insurance model.

1) The partnership model

- The responsibility of paying for care would be shared between the government and the individual. Everyone, regardless of income or assets, would have a guaranteed minimum proportion (for example a quarter, or a third) of their care costs paid by the state.
- An individual's income and assets would determine the personal contribution. For example, someone with a moderate income who owned their own home might be expected to pay for half of their care costs, but if their needs became more severe the government might assume a greater responsibility. Conversely, someone on a low income who did not own their own home might have all their care paid for by the state, even if their need was comparatively low.

2) Insurance model

- As per the partnership model but with the cost of the self-funded element covered through optional insurance. The state could either work with the private sector to strengthen the insurance market or create a state based insurance scheme. Insurance payments could be made as a lump sum or instalments, either before or after retirement or death.

3) The comprehensive model

- Everyone over retirement age would be required to pay a set amount (or an amount related to what they could afford) into a state insurance scheme.
- The amount payable could vary depending on an individual's savings or assets, or the amount could be set at a particular level.
- A free care system for people of working age would sit alongside this funding model.
- The government would offer a range of ways to pay the amount: in one go out of an individual's savings, spread over the course of an individual's retirement; or out of an individual's estate upon death.

The other options

- The other funding models (Pay Your Own and Tax Funded) are dismissed by the government for the following reasons:

- The Pay Your Own model is dismissed because some people would not be able to afford to pay for their care, and those that could might lose all their savings;
- The Tax Funded model is dismissed as it would put the majority of the burden for paying for care on people of working age.

Accommodation costs

In addition to care and support costs, individual are required to pay accommodation costs e.g. food and lodging. It is proposed that a universal deferred payment mechanism, allowing residential care and accommodation costs to be charged upon a person's estate when they die.

Carers

- The government acknowledges the vital role that carers play in the current system.
- Under a new system the government would ensure everyone who needs care and support will get a national assessment, information and advice and personalised care and support. These measures, the government believes, will help carers by making the process of getting care and support easier.

A national or local funding system?

The government wants to establish a standardised national needs assessment, a nationally set level of need at which individuals qualify for state funding and a guaranteed portion of funding for an individual's care package. Beyond this there are two options:

- Part national, part local. Under this model people would know that they were entitled to have their needs met and that a proportion of their care package would be paid for by the state. Beyond this councils would be responsible for deciding how much an individual should receive to spend on overall care and support. This would provide flexibility to take account of local circumstances.
- Fully national. Under this model central government would decide how much funding people would get to meet their needs, not councils. This could be consistent across the country or could vary. The government recognises such a model would mean major changes to the way in which money for care and support is raised and spent. Unlike the part national, part local system, this fully national proposal would not take account of the different costs of care across England, and councils would therefore not have the ability to decide how much they would spend on care.

LGA View

This is the most important chapter in the paper and this briefing can only summarise some of the complex and difficult issues it discusses.

We believe a fairer funding settlement must consider the totality of money available in the current system – in particular health. We support the idea of looking at whether certain funding streams could be brought into the wider care funding pot.

We believe the government's three preferred options for increasing available funding are the only three realistic options of the five put forward. Whatever system might be established in the future, local government will continue to play a crucial role in its operation and success – from supporting people to receive good quality financial advice to incentivising financial products which enable people to make their personal contribution.

We strongly oppose a fully national funding system. The green paper recognises such a model would make it difficult for councils to tailor care packages to individuals' needs and would significantly lessen councils' control of costs. A fully national system would have to be fully funded through national taxation, which would mean a transfer of funding out of the local government finance system. This would involve enormous amounts of money and could jeopardise the huge range of other invaluable services councils commission and provide for their local communities.

We want to see a part-national, part-local system with a single, transferable assessment of needs and means being applicable anywhere in the country but the services to meet need and the amount to pay for them being decided locally. This would be key to the personalisation agenda and would provide the flexibility needed to take account of local variation in market costs and ensure that individuals receive the care and support they need.

We are pleased to see that the needs of carers are covered in the paper. Informal carers are an often undervalued but crucial part of our care and support system, saving the state £87bn a year according to research. Their role will remain critical in any future system so their needs also need to be addressed.

Next steps

The LGA will work with members and officers and other stakeholders to:

- develop a response to the consultation that reflects the importance, experience and expertise of local government in developing and delivering adult care services;
- analyse in greater detail the government's two preferred models for increasing the amount of money available for adult care;
- ensure the issues identified in this briefing are addressed; and
- maintain the profile of the debate on adult social care for the coming months.

Government Ageing Strategy

The Care and Support Green Paper is a vital part of the Government's new wide ranging ageing strategy published yesterday. The strategy is briefly summarised below. A full copy is available at:
<http://www.hmg.gov.uk/buildingasocietyforallages.aspx>

The main proposal affecting local government is the Government's plan to develop a new National Agreement between central government, national agencies that represent local authorities (including the LGA) and Primary Care Trusts to 'help them prioritise' the needs of older people in their area.

Key Messages

- A number of case studies included in the consultation document illustrate that councils are taking a leading role in empowering and supporting older people to redesign services and policies that meet their needs. The LGA Group is committed to supporting councils achieving their ambitious and innovative plans.
- We do not believe that a new National Agreement between central government, national agencies that represent local authorities and PCTS to help them prioritise the needs of older people in local communities is necessary as this is already part of councils' day to day work. It would be a retrograde step in imposing national requirements in place of local solutions and would not mean a better deal for older people.

Background

The strategy is described as building on the 2005 *Opportunity Age* strategy which the Government states has largely been delivered. The Government's vision is '*a society for all ages, where people are no longer defined by age and everyone is able to play a full part.*' This strategy sets out steps the Government plans to take to achieve this vision.

Summary of Proposals

Chapter 3 – Having the later life you want

- Online, telephone and face-to-face support from across Government and the third sector will be drawn together to create a 'one stop shop' for individuals wanting to plan ahead, including information about planning for retirement, state pensions, workplace pensions and working longer.
- An Adult Advancement and Careers Service will be made available across England from August 2010.
- A new national *Active at 60* programme will be launched in 2010 that will bring together information from across Government to inform people about the opportunities available to lead an active life.
- The Government will work with local authorities to test an all-in-one smart card, based on concessionary bus passes, to provide both central and local government entitlements.

Chapter 4 – Older people at the heart of families

- From 2011, National Insurance credits towards the basic State Pension will be provided to grandparents who care for members of their family aged 12 or under for at least 20 hours a week.
- A Families and Relationships Green Paper will be published in the autumn alongside a summit for grandparents.
- From December, voluntary access to training programmes will be extended to carers who are employed for 16 weeks or less.
- The Government will run digital inclusion projects targeted at giving people in sheltered housing access to new technology.

Chapter 5 – Engaging with work and the economy

- The 2011 review of the Default Retirement Age of 65 will be brought forward to 2010.
- The Government will seek to attract ex-teachers to help them deliver their pledge of 600,000 one-to-one tuition places in schools.
- A package of support, both financial and advice, will be developed for people over 50 considering self-employment or social enterprise.

Chapter 7 – Better public services for later life

- The Government will develop an agreement between central government, national agencies that represent local authorities (including the LGA) and Primary Care Trusts to 'help them prioritise' the needs of older people in their area. This agreement will include commitments and outline existing and future duties for local authorities and PCTs relating to ageing issues. It is intended to be launched immediately following consultation on this strategy in autumn.
- Performance will be monitored through the CAA framework. Poor performance will be addressed by Government Offices working with central and local partners to agree appropriate action. Central government retains its powers to intervene where poor performance is longstanding. This may include an 'Improvement Notice' issued by the Secretary of State, use of statutory powers to direct an organisation to take specific action, or removal of specified functions.
- The new 'National Agreement' will be also used to share best practice. The Government will develop steps for adopting and implementing this strategy and communicating it to all councillors, chief executives and local strategic partnerships.
- The Government will provide small amounts of funding to test new and innovative approaches to delivering services for older people at a local level.
- The Government has announced new regional forums on ageing and new resources in Government Offices to encourage and support local areas to engage better with their local people in the design and delivery of services.
- In 2008 the Government announced the introduction of health protection packages with the aim of encouraging the use of prevention services. Details of these packages will be provided later this year.

Chapter 8 – Building communities for all ages

- The Government will provide training on making the most of public transport to those who stop driving and start using other transport.
- Alternatives to the national concessionary fares scheme will be explored.

Responding to the Consultation

The proposals set out in the strategy are part of a full, formal public consultation. The Government is seeking views and is keen to receive responses from local government on how to implement the proposals and what more can be done. The closing date for responses is Monday, 12 October 2009. The LGA will be responding in detail. If you would like your authority to respond, please visit the following link to find out how: <http://www.hmg.gov.uk/buildingasocietyforallages/consultation.aspx>



briefing

Local Government House, Smith Square, London SW1P 3HZ
DX 119450 Clerkenwell 3 Email info@lga.gov.uk
Tel 020 7664 3000 Fax 020 7664 3030
Information centre 020 7664 3131 www.lga.gov.uk

CHESHIRE EAST COUNCIL

REPORT TO: HEALTH AND ADULT SOCIAL CARE SCRUTINY COMMITTEE

Date of Meeting: 16 September 2009
Report of: Borough Solicitor
Subject/Title: Work Programme update

1.0 Report Summary

- 1.1 To consider progress with the items identified for the Committee's Work Programme.

2.0 Recommendations

- 2.1 That the Committee consider items for inclusion in the Work Programme.

3.0 Reasons for Recommendations

- 3.1 It is good practice to agree and review the Work Programme to enable effective management of the Committee's business.

4.0 Wards Affected

- 4.1 All

5.0 Local Ward Members

- 5.1 Not applicable.

6.0 Policy Implications including - Climate change - Health

- 6.1 Not known at this stage.

7.0 Financial Implications for Transition Costs (Authorised by the Borough Treasurer)

- 7.1 None identified at the moment.

8.0 Financial Implications 2009/10 and beyond (Authorised by the Borough Treasurer)

8.1 Not known at this stage.

9.0 Legal Implications (Authorised by the Borough Solicitor)

9.1 None.

10.0 Risk Management

10.1 There are no identifiable risks.

11.0 Background and Options

11.1 At previous meetings of the Committee, Members have considered and identified potential items for the Work Programme:

- North West Ambulance Services/Community First Responders;
- Social Care Redesign;
- Safeguarding Adults;
- Community Support Transport related matters;
- Future Healthcare proposals relating to Knutsford and Congleton;
- Review of previous Scrutiny Reviews.

11.2 Since that meeting progress has been made in relation to a number of items:

- The Committee has received a presentation to this meeting from the North West Ambulance Service;
- The Committee will be receiving progress updates to a future meeting on Social Care Redesign and Adult Safeguarding;
- The Committee agreed at the last meeting on 29 July to establish a Task/Finish Panel to undertake the health scrutiny role in relation to the Primary Care Trust's proposals relating to Knutsford and Congleton.

11.3 At the Mid Point meeting in August Members agreed to consider the Action Plans arising from two of Cheshire County Council's Scrutiny Reviews relating to Tackling Obesity and Tackling Diabetes and determine whether any further action is required. The Action Plans are now attached to this report (Appendix 1)

11.4 When determining items for the Work Programme, matters should be assessed against the following criteria :

- Does the issue fall within a corporate priority
- Is the issue of key interest to the public
- Does the matter relate to a poor or declining performing service for which there is no obvious explanation

- Is there a pattern of budgetary overspends
- Is it a matter raised by external audit management letters and or audit reports.
- Is there a high level of dissatisfaction with the service

If during the assessment process any of the following emerge, then the topic should be rejected:

- The topic is already being addressed elsewhere
- The matter is subjudice
- Scrutiny cannot add value or is unlikely to be able to conclude an investigation within the specified timescale

12.0 Overview of Year One and Term One Issues

- 12.1 It is good practice to have a Work Programme for the Committee to consider and prioritise on a regular basis.

13.0 Access to Information

The background papers relating to this report can be inspected by contacting the report writer:

Name: Denise French
Designation: Scrutiny Officer
Tel No: 01270 529643
Email: denise.french@cheshireeast.gov.uk

This page is intentionally left blank

Cheshire County Council

Scrutiny Review - **Tackling Obesity in Cheshire - 22.11.2006**

Terms of Reference

To examine and report on the effectiveness of the various initiatives currently being undertaken on children's eating habits in Cheshire (particularly out of school) by Health, Local Authorities and Partner Agencies, and those involved in the "food chain".

Recommendations

1. That the proposed County Council Award recognising nurseries and pre schools providing healthy food and promoting healthy lifestyles be supported and promoted widely to encourage the provision of healthy food and the promotion of healthy lifestyles and all appropriate organisations be encouraged to achieve the Award. Consideration should be given to making the award as widespread as possible so that child minders were also eligible to achieve the Award;
2. That each school be encouraged to nominate by the Autumn Term 2007 a Parent Governor to be responsible for promoting healthy lifestyles throughout their school and the Director of Children's Services be recommended to consider holding a Governor's conference on healthy lifestyles to promote this new responsibility;
3. That the recommendations of the scrutiny review on Food in Schools (attached as Appendix A) conducted by the Central Cheshire Local Health Scrutiny Committee be supported and the Panel recommends that these be circulated and adopted throughout Cheshire and that the County Council's Children's Services Scrutiny Select Committee be recommended to review progress in the near future;
4. That when Extended Schools are introduced consideration be given as to how healthy lifestyles can be endorsed through Extended School provision as this may mean some children and young people having the majority of their nutrition provided at schools. The Panel recommends that the nutritional guidelines which apply to school meals should apply to any meal provision made in Extended Schools;
5. That the provision of cookery lessons in secondary schools be supported and Cheshire Members of Parliament and the Local Government Association be urged to lobby the Government to make cookery lessons compulsory for all secondary school children;

6. That County Business Services be urged to support the provision of locally produced food to schools where possible;
7. That the County and Borough Councils and Primary Care Trusts work together to investigate ways in which children can learn about food including its origins through gardening clubs and allotments at school; information on good examples be made available to schools who should be encouraged to share best practice and look at ways to develop gardening opportunities in more urban schools where land is available;
8. That local authorities, health partners and other organisations should work together to look at innovative ways to introduce physical activities into schools to achieve the target of two hours per week as part of the school curriculum, alongside this, consideration also be given to introducing “active playtimes” whereby children are encouraged to spend lunch and break times in active play such as football and skipping;
9. The introduction of data collection regarding children’s weight and height was welcomed. However, it was important that data, once collected, should be analysed and appropriate interventions made once trends were identified to address any issues and adequate resources should be allocated to enable such interventions to take place;
10. That District Councils be urged to consider the provision of free leisure facilities for Looked After Children as a way of enabling them to lead healthier lifestyles. Consideration should be given to introducing a free leisure pass to those children who are eligible for free school meals through a partnership arrangement involving Local Authorities and health;
11. That the Cheshire Members of Parliament and the Local Government Association be urged to lobby the Government to consider the introduction of a range of free activities to all school age children to be made available during the school holidays as a way of addressing the rise in obesity and to ensure that activities are available to all children regardless of families’ income levels;
12. That as the regulation of food advertisements does not appear to be working effectively then Cheshire Members of Parliament and the Local Government Association be urged to lobby the Government to introduce legislation;
13. That Cheshire Members of Parliament and the Local Government Association be urged to lobby the Government to introduce one single comprehensive system of food labelling guidance on all processed foods to reduce confusion and provide clarity;
14. That the County Council’s Children’s Services Scrutiny Select Committee be invited to consider this report to ensure that its recommendations are progressed.

Outcomes

After being endorsed by Council, the Report went to Children's Services Scrutiny Select Committee on 24 September 2007 when progress on the recommendations was reported by:

- Sue Egersdorff, County Manager – Children and Families, Cheshire County Council;
- Steve Buttrick, County Business Services Officer, Cheshire County Council;
- Julie Webster, Associate Director of Public Health, Western Cheshire PCT;
- Mike Pyrah, Chief Executive Central and Eastern Cheshire PCT: and
- Vale Royal Borough Council.

The Committee recommended that a progress report be submitted in 12 months time.

.....

Scrutiny Review on Diabetes - 01.12.2004

Terms of Reference

To report on performance in Cheshire on the detection, access to services and prevention elements of the NHS National Service Framework for Diabetes, with particular reference to Type 2 Diabetes.

Recommendations

1. All Local Authorities in Cheshire be encouraged to take every opportunity to draw attention to the risk of developing diabetes and its accompanying complications which arise from unhealthy life-styles and to the personal responsibility which falls upon individuals to reduce those risks.
2. All Cheshire Schools be signed-up and accredited under the Healthy Schools Initiative within two years.
3. The Local Education Authority commend to Cheshire Schools the introduction of joint programmes for pupils, parents and carers on Healthy Eating
4. Firm and consistent guidelines on screening be agreed by the PCTs and Health professionals across Cheshire for implementation without further delay
5. All retail pharmacies in Cheshire consider offering basic blood glucose screening services

6. The Local Optometric Committee be urged to make as much progress as quickly as possible on meeting the NSF targets on digital eye screening and to put in place a strategy for keeping patients and their carers informed as to where and when services will be available
7. The clients of Services provided by the Cheshire Local Authorities be encouraged to take advantage of screening services
8. Diabetes UK leaflets and other relevant literature be issued to all patients upon diagnosis.
9. Information on on-going care management be available in a range of formats.
10. The County Council provide awareness-raising and training to its Care and other appropriate staff in the treatment of diabetic episodes.
11. Patients should be provided with a care plan should they so choose.
12. All patients be issued with a regular supply of Sharps containers.
13. Health-care professionals should accept and dispose of used containers.
14. Clear instructions should be issued to patients and carers on the disposal of Sharps
15. An annual review be available to all those diagnosed with diabetes; primary care services should ensure that basic annual checks are always carried out on time irrespective of whether there are consultant shortages or other problems with outpatient appointments.
16. The annual review cover the areas listed in the Diabetes UK leaflet "What Diabetes Care to Expect".
17. Decisions not to implement National Institute for Clinical Excellence (NICE) guidelines, for what ever reason, be kept under review
18. To ensure consistency in developing both guidelines and practice, a communications network be established by the PCTs for the development of diabetic services across Cheshire
19. A central register of on-going training of Health professionals be maintained in order to identify areas where additional specialist input is needed.
20. PCTs bear in mind the desirability that every General Practice has someone with specialist diabetic training when assessing practices under the new GP contract.

21. The balance of availability of consultants at the three Cheshire Acute Hospitals be addressed immediately.
22. The Cheshire PCTs and Local Authorities be asked to report further in 12 months time on the implementation of the Local Delivery Strategy and progress on effecting changes to lifestyles.

Outcomes

A Review of the Diabetes Action Plan was commissioned by the Health Scrutiny Sub-Committee and a further set of Recommendations was published in March 2006.

Recommendations

1. The Director of Children's Services ensure that Schools be encouraged to attain full National Healthy School Status and that appropriate officer support is available to support schools in this endeavour;
2. the Tackling Obesity Scrutiny Panel continue to monitor the implementation of the National Healthy School Status throughout Cheshire, with particular emphasis on the core theme relating to healthy eating;
3. the Local Pharmaceutical Committee encourage local pharmacies to offer basic blood glucose screening services;
4. Cheshire West and Ellesmere Port and Neston PCTs be urged to reconsider their decision not to fund the revenue costs of the new digital camera based screening scheme;
5. the County Care Manager be asked to report back to the County Health Scrutiny Sub-Committee on progress which will ensure that the Clients of Services provided by the County Council be encouraged to take advantage of screening services and as part of facilitating this, awareness raising and training be provided to Care and other appropriate staff in the management of diabetic episodes;
6. PCTs ensure that the literature issued to all patients upon diagnosis is standardised across all PCTs and covers all areas listed in the "Diabetes UK" Literature;
7. PCTs be encouraged to adopt as best practice the handheld care record system as operated within Eastern Cheshire;
8. all PCTs ensure that at the point of diagnosis all patients are given clear instructions for the disposal of any sharp items and health care professionals accept and dispose of used containers - and accordingly Central and Eastern Cheshire PCTs be urged to adopt the procedures for

Sharps Disposal as operating within West Cheshire for immediate implementation, specifically ensuring that at the point of prescription patients are asked whether they require a Sharps container (as opposed to relying on the patient to request one);

9. all PCTs throughout Cheshire move as quickly as possible to having at least one clinician who has undertaken Specialist Diabetic Training in each GP practice;
10. PCTs address as a priority the imbalance in Consultant cover across Cheshire to ensure equitable service provision;
11. PCTs ensure that clear communications systems exist to enable patients with routine queries about their care to receive advice from an appropriate specialist within a short timescale and that all patients are clear at the point of diagnosis on how to access such advice;
12. the Meals on Wheels service be encouraged to make clients aware of the low calorie alternatives available; and
13. the County Health Scrutiny Sub-Committee monitor the implementation of these recommendations alongside the recommendations arising out of the work of the Tackling Obesity Scrutiny Panel when it reports in Summer 2006.

Outcomes

There have been no further outcomes reported since March 2006.