

CHESHIRE EAST COUNCIL

Minutes of a meeting of the **Health and Adult Social Care Scrutiny Committee**
held on Wednesday, 20th May, 2009 at Committee Suite 1,2 & 3, Westfields,
Middlewich Road, Sandbach CW11 1HZ

PRESENT

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

Councillors C Andrew, C Beard, S Bentley, D Flude, S Furlong, O Hunter,
S Jones, W Livesley, A Martin, A Moran and C Tomlinson

1 ALSO PRESENT

Councillor R Domleo, Portfolio Holder for Adult Services

Councillor A Knowles, Portfolio Holder for Health and Well-being

2 OFFICERS PRESENT

J Weeks, Strategic Director People
P Lloyd, Head of Services for Adults
C Harrison, Head of Transformation
M Flynn, Legal and Democratic Services
D J French, Legal and Democratic Services
M Middleton, Finance Team

3 DECLARATION OF INTERESTS/PARTY WHIP

RESOLVED: That the following Declarations of Interest be noted:

- Councillor D Flude declared a general personal interest on the grounds that she was a member of the Alzheimers' Society and Dial a Ride; and
- Councillors Andrew and Tomlinson declared a general personal interest due to their involvement with the Local Access Group (Macclesfield and Wilmslow).

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 23 March 2009 be approved as a correct record.

6 JOINT STRATEGIC NEEDS ASSESSMENT

The Committee considered a report on the Joint Strategic Needs Assessment for Cheshire East. The Local Government and Public Involvement in Health Act 2007 placed a duty on upper-tier local authorities or unitary Councils together with Primary Care Trusts to undertake Joint Strategic Needs Assessments (JSNA).

This was a process that identified current and future health and well-being needs of a local population, informed priorities and targets set by Local Area Agreements and led to agreed commissioning priorities that would improve outcomes and reduce health inequalities. The production of the JSNA was to be lead by the Director of Public Health and Director of Adult Social Services and Director of Children's Services, working in collaboration with the Directors of Commissioning. It was to be a whole system approach, not just about health and social care.

The process was underpinned by:

- Partnership working;
- Community engagement including with patients, service users and carers, providers including from the third sector, aimed at developing a full understanding of needs;
- Evidence of effectiveness – identifying relevant best practice, innovation and research to inform how needs would best be met.

The JSNA would be taken into account as part of the Comprehensive Area Assessment and the Council and its partners would need to provide evidence that

- needs and aspirations were understood and that the JSNA had input into the Sustainable Communities Strategy and Local Area Agreement and that there was a focus on the needs of the vulnerable and areas of inequality;
- Outcomes and improvement were delivered by ensuring that the JSNA informed commissioning decisions which in turn lead to improved health and well-being and inequalities were reduced;
- the future prospects for the area were being considered, including how the JSNA would be updated and how true partnership and community engagement could be achieved.

In November 2008 "A First Look" report had been published which set out the initial findings of the JSNA and identified some early priorities including:

- children and young people aged 0 – 18 years;
- Older people aged 65 years and over;
- Long term health conditions including diabetes and high blood pressure;
- Inequalities;
- Lifestyle choices that impacted on health and quality of life, including alcohol and smoking.

The key findings showed a significant increase in the number of older or very old people in Cheshire East. Alcohol was the largest emerging lifestyle threat to health. Smoking remained a significant cause of preventable illness and premature death and was the primary reason for the gap in health life expectancy between rich and poor. Breast feeding rates were not meeting the target and low numbers of children having the MMR vaccine had resulted in a recent outbreak of measles in the community.

This report had been widely distributed and a consultation period undertaken. Although a low number of responses had been received, half of the respondents had agreed that the correct priorities for Cheshire East had been identified and 90% agreed that resources should be directed to areas where they would make most difference.

Governance arrangements would be made through a Joint Strategic Needs Assessment Steering Group with representatives from the Primary Care Trust, Local Authority, Third Sector, Crime and Disorder Partnership and Local Strategic Partnership. This Steering Group would report into the Local Strategic Partnership, Local Area Partnership and Primary Care Trust Board on a regular basis.

In discussing the report Members noted that adult participation in physical activity was generally similar to the national average and suggested the Council should aim to be above average. It was explained that some areas of the Borough had high physical activity whereas in others it was very low. The Cumbernauld Arena in Crewe had high numbers of attendance and Members were told that Community Workers from the Council adopted a proactive approach to try to get young people to join sports clubs. It was suggested that using existing sports and activity groups to promote and encourage new groups to be set up could be a useful approach. There were also a number of clubs run by volunteers who could be eligible for grant aid and that this should be promoted. Funding was also available through Connexions.

RESOLVED: That

- (a) the Joint Strategic Needs Assessment be noted and the work undertaken by the Primary Care Trust and Local Authority be welcomed;
- (b) the Governance arrangements be noted and endorsed: and
- (c) the Steering Group be requested to circulate relevant information to the Local Area Partnerships at the earliest opportunity.

7 ADULT SOCIAL CARE REDESIGN - IMPLEMENTATION

The Committee considered a report of the Strategic Director – People on the implementation of Adult Social Care redesign. The redesign would result in localised services, control and choice in the hands of individuals; reduced bureaucracy; improved preventative and information services and a change to the shape and nature of provision. Service users could expect to understand what they were entitled to and have more choice about how best to achieve outcomes against assessed need.

In order to improve overall responsiveness and better local working six locality teams were proposed with a variety of roles including the provision of information and signposting, preventative services, assessment, support planning and provision of advocacy. Each team would be mapped onto the seven Local Area Partnership boundaries so in time their performance could be managed and measured with other key partners within each locality.

There would be an impact on provider services due to giving users more choice and control and it was intended to develop more commercial and business-like practice within current in-house providers and better value and choice for users.

The provision of transport was to be reviewed as most transport provided within Adult Services was not an assessed care need and therefore did not have to be provided directly by the Council.

The introduction of a personalised service meant that all users would be given a Personal Budget based on an upfront and transparent Resource Allocation System (RAS). Individuals would be told at an early stage in their contact with the service the amount of resource to which they would be entitled. Needs would be assessed and allocated points which were then converted into a numeric allocation through a set formula. Users could decide to take this allocation as a cash payment (Direct Payment) or continue to receive services direct from the Council to the level determined in the RAS. The RAS would be used for all new users and users requiring unscheduled reviews during 2009-10 and would then be rolled out to existing users subject to evaluation that it was an appropriate method for ensuring correct outcomes for users and a stable financial situation for the Council.

Reablement and preventative services were to be implemented as part of the Redesign with the aim of increasing independence, improving quality of life and reducing the call on the social care budget. Pilot studies were underway to determine precisely how these services would be applied.

Joint working with Health partners was underway and a project involving the top 100 high intensity users of Council and Health services was being jointly progressed to inform the future design of services.

A widespread consultation exercise had been undertaken by the former County Council and responses received indicated overall support for more choice and control, clear and transparent charging mechanisms, alternatives to current services being available and greater flexibility.

During discussion of the report the following issues were raised:

- The Council had a duty to meet assessed care needs of those assessed to have critical and substantial needs who were therefore eligible for services through Fairer Access to Care Services criteria. Such users would then be financially assessed to determine the level of contribution they would be required to make towards their care;
- The Redesign would make savings through efficiencies not through a reduction in service;
- What level of capital did individuals need to have before becoming eligible for Local Authority help? In response the Committee was advised of an approximate figure of £23,000 but this would be clarified and circulated outside of the meeting;
- What were the timescales for assessments to be undertaken and were these met? In reply Members were advised the timescale was approximately 10 working days and this was usually met;
- Did enabling people to have a direct payment mean they were at greater risk of being exploited? Members were advised that there could be an increased risk but that the Council was required to offer direct payments which did lead to far greater independence for service users. There was a

responsibility on everyone to safeguard both vulnerable adults and children;

- Could direct payments be spent outside of the Local Authority area? Members were advised that those receiving direct payments were able to spend them wherever they chose and that payments were made on a monthly basis.

RESOLVED: That

- (a) the consultation on Social Care Redesign be endorsed;
- (b) the report to Cabinet be amended by the inclusion of additional information in relation to Safeguarding to reflect the additional funding for new posts within the Safeguarding Unit;
- (c) the Cabinet be advised that the Committee supports the Redesign proposals as outlined at the meeting; and
- (d) an update be provided to a future meeting on progress following the Redesign.

8 CALENDAR OF MEETINGS

The Committee considered a report of the Borough Solicitor on the Calendar of Meetings for 2009-10.

The report outlined that the Committee was currently scheduled to meet on a monthly basis but although the Committee had a high volume of business, it was suggested that monthly meetings may not be sustainable. It was therefore proposed that the Committee meet on alternate months on an 8 weekly cycle and the other scheduled meeting dates be used for Mid Point meetings, involving the Chairman, Vice Chairman and group Spokespersons.

RESOLVED: That the current Calendar of Meetings be amended so that the Committee meets every 2 months on the following dates:

- 29 July;
- 16 September;
- 18 November;
- 13 January;
- 10 March

and other dates listed on the Calendar be used for Mid Point meetings.

9 SWINE FLU EPIDEMIC

The Committee was advised of the current position regarding the Swine Flu Epidemic.

Members were advised that Swine Flu was classed as a level 5 outbreak across all countries and was not yet classed as a formal epidemic. Partnership working was taking place to develop contingency plans in case an epidemic occurred and Emergency Planning teams were involved. A Flu advice line was to be introduced and Antiviral Collection points were being identified. Although current numbers of cases were low there was an expectation that more cases would occur in the Autumn.

RESOLVED: That the update on the current position regarding Swine Flu be noted.

10 CENTRAL AND EASTERN PRIMARY CARE TRUST - FINANCIAL SITUATION - MATTER OF URGENCY

In accordance with Section 100B(4)(b) of the Local Government Act 1972, the Chairman agreed that the financial position of the Primary Care Trust (PCT) could be considered as a matter of urgency on the grounds that the Primary Care Trust Board had only recently approved a Sustainability Plan and it was important that the Committee be informed of the PCT's proposals.

The Committee was informed that the PCT was facing a difficult financial position and had devised a Sustainability Plan that had recently been considered by its Board. The PCT was currently predicting a budget deficit but was required to have a balanced budget and the Sustainability Plan was designed to address this.

There were various reasons for the financial difficulties including increasing demand for Continuing Care, increase in secondary care especially at Mid Cheshire Hospital Trust and significant numbers of people choosing to use the NHS rather than opt for private care.

RESOLVED: That the update on the Primary Care Trust's financial situation be noted and considered further at the next Mid Point meeting.

The meeting commenced at 10.00 am and concluded at 12.25 pm

Councillor A Richardson (Chairman)