

CHESHIRE EAST COUNCIL

Minutes of a meeting of the **Health and Adult Social Care Scrutiny Committee**
held on Thursday, 10th March, 2011 at Committee Suite 1,2 & 3, Westfields,
Middlewich Road, Sandbach CW11 1HZ

PRESENT

Councillor B Silvester (Chairman)
Councillor C Beard (Vice-Chairman)

Councillors C Andrew, S Bentley, D Flude, S Furlong, S Jones, W Livesley,
M Lloyd and C Tomlinson

Apologies

Councillors D Bebbington, A Moran and A Thwaite

94 DECLARATION OF INTERESTS/PARTY WHIP

RESOLVED: That the following declarations of interest be noted:

- Councillor D Flude – personal interest as a member of Dial A Ride;
- Councillor S Jones – personal interest as a member of the Alzheimers' Society.

95 ALSO PRESENT

Councillor R Domleo, Portfolio Holder for Adult Services
Councillor A Knowles, Portfolio Holder for Health and Wellbeing

96 PUBLIC SPEAKING TIME/OPEN SESSION

There were no members of the public present who wished to address the Committee.

97 MINUTES OF PREVIOUS MEETING

RESOLVED: That the minutes of the meeting of the Committee held on 6 January be approved as a correct record.

98 NORTH WEST AMBULANCE SERVICE

The Committee welcomed Sarah Byrom, Dave Kitchen and Ian Moses from the North West Ambulance Trust (NWAS) who were attending to discuss:

- Response times in Cheshire East;
- The Foundation Trust application;
- Serious and untoward incidents.

In relation to response times, the Committee had received figures showing response times by postcode area from April 2010 – February 2011. The figures showed that response time targets were not being met in many areas. Current targets categorised calls as follows:

- **Category A:** Serious and life-threatening
- **Category B:** Serious but not life-threatening
- **Category C:** Not immediately life-threatening or serious

With the Response times standards as follows:

- 75 percent of Category A calls within 8 minutes
- 95 percent of Category A calls in 19 minutes
- 95 percent of Category B calls in 19 minutes
- 95 percent of category C calls in 60 minutes (locally agreed target)

The Committee expressed concern over these figures and sought explanations as to why the response times were so low and what action NWS was taking to address the issues.

In response, officers of NWS explained that the low response times correlated to rural areas and to meet the targets would require far more vehicles and paramedics than current resources would allow. There had been an increase in demand of 8% compared to the previous year but this had not been matched by an 8% increase in resources.

However, there were a number of measures that could be taken to ensure patients were treated as quickly as possible. NWS officers explained that specific winter pressures had been addressed through the use of additional resources from St Johns Ambulance, Red Cross and Mountain Rescue teams. In relation to general performance and responding to calls, there was increasing use of Community First Responders, investigations into devising Co-Responder schemes (with the Fire Service), advice given over the phone and redirecting callers to existing community resources. The increase in Community First Responder schemes had had a positive impact.

NWS officers explained that cross border response agreements were in place and ambulances from out of the area would be used if it was more appropriate and timely than using one from NWS. A crew would take a patient to the most appropriate hospital for treatment (such as a specialised centre) which could be an out of area location, which would impact on the time taken to get the ambulance back into service. There were also sometimes issues around turnaround times at hospitals. It was also relevant to note that even though an ambulance was stationed in an area it may not remain there as it would be out responding to calls and may not return to the station for a long time.

It was noted that Cheshire East was an area with an increasing elderly population, with meant increasing healthcare needs, and there were also increases in chronic illness. There were also areas of deprivation which had their own health and social care needs and demands.

All paramedics were currently undergoing diploma training which would mean they could treat patients in the more appropriate manner using the most up to date techniques.

A directory was being developed regarding existing services available in the community which would ensure that each patient was handed over to the most suitable service, if they did not require hospital. If an ambulance crew was called out they would always ensure a safe handover for the patient. There was a role for the community to manage demand through local services.

In response to a question regarding SatNavs, the Committee was advised that such systems were updated as soon as uploads became available but all systems were there to assist local knowledge.

In the future a new national call system would be introduced where callers would ring 111 for non emergency calls; this had been piloted in the North East and had reduced inappropriate emergency calls. It was important that strategies to reduce demand could be introduced as calls classed as Category A when received, were often not found to be life threatening when the ambulance crew arrived.

NWAS officers then outlined their proposals around Foundation Trust status. The Government White Paper "Equality and Excellence"; Liberating the NHS" outlined the commitment for all NHS Trusts to become Foundation Trusts – Foundation Trusts were still part of the NHS and subject to NHS standards, performance ratings and systems of inspection. However, they were run locally with local people as members having a say in how they wished their services to be developed. If NWAS were to achieve Foundation Trust status it would have more freedom to design services that met community needs, greater financial freedoms that would allow any surplus funds to be kept to invest in better facilities and services for patients, more involvement for staff and the public including opportunities to stand as a Governor of the Trust and strengthened local partnerships.

The Vision of NWAS was "We will deliver a high quality service to patients ensuring we deliver the right care, at the right time and in the right place". Their plans for the future included modernising the emergency service and the patient transport service, developing its role further as a key partner and service provider in an integrated emergency and urgent care system across the North West and devising stronger plans to meet responsibilities under the Civil Contingencies Act 2004 for when a major emergency occurred.

All members of the public who live in the North West could become a member of the Trust and NWAS was aiming to attract at least 5000 people by September 2011; there would be a separate class within the public constituency for volunteers to reflect the key role they played. The Board of Directors would be responsible for strategic and day to day management of the Trust and would comprise six non-executive directors (including people from business and education rather than just health) and five executive directors. A series of consultation events had been organised and views were welcomed.

Finally, NWAS officers reported on Serious and Untoward incidents – there had been 57 of these across the North West over a 3 year period. Any serious incidents were reported to commissioners, the Strategic Health Authority and to the NWAS Board. There had been no such incidents in this area.

Any untoward incidents were those reported by staff and they were encouraged to report any matters of concern. For the year to date there had been 180

untoward incidents including injuries, near misses, clinical issues (loss of drugs, equipment fault), and non clinical (assault on staff, persistent callers).

During discussion, Members asked about manual handling issues and could these be addressed by training? In response, Members were advised that there training was provided in both handling patients and equipment and in relation to patients there were issues caused by obesity, which was a significant and increasing issue for all the health services.

The Chairman thanked the representatives of NWS for their attendance and full explanation of all the issues covered.

RESOLVED: That

- (a) the Committee notes the action taken in relation to performance and response times but remains concerned about the failure to meet targets;
- (b) NWS be requested to report to the next meeting in April on measures introduced to improve performance;
- (c) a report from NWS and Adult Social Care be made to the meeting in June on how the two organisations can work together to make improvements to response times including sampling of cases where alternative services to an ambulance may have been appropriate but lack of knowledge meant this was not possible;
- (d) NWS return to the meeting in June with updated performance figures for all postcode areas in Cheshire East;
- (e) the application for Foundation Trust status be supported; and
- (f) the update on Serious and Untoward incidents be received.

99 ADULT SERVICES CHARGING POLICY REVIEW

The Committee considered a report on a review of the Adult Services Charging policy. A formal consultation had taken place between 2 November 2010 and 31 January 2011.

The report outlined how all Councils were under severe financial pressures due to reductions in grant funding from central government along with growing financial pressures resulting from the rising elderly population and increased demand for care.

Cheshire East Council was projecting an over-spend of £9.2m in Adult Services and was seeking ways to address this. One such method was to look at changing what people pay for care services including closing the gap between the charges service users pay for commissioned care services and the real cost of that commissioned care service. Consideration was also given to new charges that could be introduced to offset the administrative costs the Council pays for certain tasks (eg Deferred Charge Agreements and Appointeeships).

The impact of the changes would primarily be in the community provision offered to around 4000 customers. The report outlined that many people would be unaffected by the changes as they were entitled to a free service (66%), some would see a small change due to the percentage of disposable income as a

charge rising from the current level of 90% (19%). Those who paid a flat rate fee may see their charges increase – this was currently 8% of customers. People paying full cost or standard charge (7%) would see the greatest increase but would be able to consider purchasing care services from the open market at competitive prices.

The proposals relating to charging for community provision were aimed at removing as much subsidy as possible – the current policy was 90% of disposal income. During the consultation process, respondents felt that increasing this charge to 100% of disposal income was too high an increase, in too short a timescale. Officers explained that if a customer's circumstances changed they could be reassessed. The report summarised the findings following the consultation process which had provoked a wide range of reactions. Many people had sympathised with the Council's financial position whereas others felt that social care users were already in an economically and emotionally vulnerable position and should not be penalised further –suggesting other options such be explored instead such as increases in Council tax or staffing/bureaucracy cuts. There was also debate over whether the assessment of what is essential and what is disposable was flawed.

The report outlined the range of consultation undertaken including public meetings, facilitated meetings at Day Centres, discussion and engagement with Third Sector groups, website information, letters in invoices to service users and a poster campaign.

During discussion of the item the following points were raised:

- Whether a review following a customer's change in circumstances would be done quickly and robustly?
- How many customers were currently awaiting a review following a change in their circumstances – either financial or care needs?
- Whether any work was taking place to ensure people were claiming all benefits to which they were entitled?
- The importance of giving clear explanations to people about any costs for their care or increases in costs and the importance of sensitively managing difficult messages to vulnerable people;
- What information do people get to help them make a decision as to the most appropriate package of care to meet their own individual needs?

In response, L Scally explained that a number of these points were being addressed in current work including looking at performance information, consideration of whether it would be helpful to place finance officers within Local Implementation Teams, investigations as to how people could be helped to best prepare financially for the future (through bonds and annuities) and she would report to a future meeting covering all the points raised.

RESOLVED: that the outcome of the consultation process on the review of the Adult Services Charging policy be noted and a report be submitted to a future meeting of the Committee on the points raised at the meeting.

The Committee considered a report on a consultation undertaken regarding Adult Services transport. The original timescale for the consultation had been extended so that the consultation ran from 2 November 2010 to 31 January 2011.

The consultation proposed a phased programme from April 2011 to move away from Strategically Commissioned Adult Transport provision over the next two financial years. The Council was committed to ensuring that no individual would have commissioned transport withdrawn without an appropriate alternative solution being available to them to meet their eligible unmet transport needs. The proposal for a two year phased programme would enable interest from the market to be measured and enable a safe transition for customers. It was recognised that there may be a need to retain a small element of strategically commissioned transport for individuals in exceptional circumstances who could not be supported to travel through alternative transport options.

The report explained that strategically commissioned transport did not meet the requirements of personalisation as it gave limited choice and flexibility.

During the first twelve months of the programme, the focus would be on market development to scope and develop a range of services such as appropriate alternative transport options in the private market, developing volunteer services with the Third Sector, concessionary travel for carers, accreditation of accessible taxis, accessible buses, scoping rural transport issues and examining options.

The consultation also outlined how currently the transport budget was used to deliver transport to 420 adults to and from their day care provision using fleet transport vehicles (43 minibuses) or hired transport. The current cost per one way trip was £9 to the Council but £2 to the service user and it was proposed that this cost to the user be increased to £4 per one way trip from 9 April 2011.

During discussion of the report the following issues were raised:

- The phased approach was welcomed;
- Appropriate alternatives must be available and service users and carers must receive full information on all options;
- What would happen to the Dial A Ride service and was it likely to be able to take on new customers or was it running at full capacity already? In response, the Committee was advised that community transport operators were a very important option for service users and this type of transport would need developing in the future;
- The importance of providing transport options in rural areas.

RESOLVED: That the consultation process and proposals be noted.

101 RATIONALISATION AND TEMPORARY CLOSURE OF BUILDINGS IN ADULT SERVICES

The Committee considered a report on the future of the facility at 291 Nantwich Road, Crewe. The matter had been considered at Cabinet on 18 October 2010 when it had been agreed not to close the facility at that stage but to re-examine the future of the building in March 2011.

Since then, officers had held regular meetings with users of the service at 291 Nantwich Road who felt affection for the building and felt secure there. However,

it was considered good practice to move mental health day services, wherever possible, away from day centres into more socially inclusive settings such as libraries and community centres. A room had subsequently been identified at the Oakley (Leisure) Centre, West Street, Crewe which would become available daily to mental health service users by early summer. This would provide a dedicated space for them but would also provide the opportunity to branch out and share some facilities with other community groups and the general public. Other groups who currently used 291 Nantwich Road had also been offered relocation to the Oakley Centre or Hilary Centre. Services users were happy with this outcome.

RESOLVED: that the proposals relating to the closure of 291 Nantwich Road, Crewe and alternative arrangements made for service users, be supported.

102 **GOVERNMENT PROPOSALS FOR "LOCAL ACCOUNTS"**

The Government had announced changes to the way that Council's adult social care services were to be assessed in future; previously there was an Annual Performance Assessment by the Care Quality Commission and publication by Councils of their performance against a list of national targets. These measures were to be replaced by:

- Local Accounts – a document published by councils on how they believed they had made progress on achieving goals for adult social care over the past year;
- Outcome Measures – these would be published nationally each year on how each council had performed against a number of different measures so that both councils and local people could compare progress on outcomes that are being achieved; these would also be published within the Local Account.

The Local Accounts would be published annually by the Council with the first one relating to 2011/12. It was intended that they reflected the priorities of local people in a way that was meaningful to them and would be achieved by the involvement of local people, Members and key partners in the planning and production of Local Accounts. Quality and outcome priorities would be set by the Local Authority and progress would be shown in the Local Accounts. The content may include a statement from the proposed Health and Wellbeing Board, demonstration of how the council is working with other partners locally and a statement from the local Healthwatch; quality assurance would be through a system of peer review.

The proposals put forward by the Government on Outcome Measures were:

- Outcome Measures under four "Outcome Domains" which align with the Outcome Frameworks for the NHS and Public Health:
 - promoting personalisation and enhancing quality of life for people with care and support needs;
 - preventing deterioration, delaying dependency and supporting recovery
 - ensuring a positive experience of care and support
 - protecting from avoidable harm and caring in a safe environment.
- There would be no national targets for the outcome measures
- They would be published annually

- They were intended for councils to consider for benchmarking their results and to help local people judge progress.

A local steering group had been set up to oversee the planning and production of the Local Account which included representation from the PCT. The process included consultation survey and events to take place over the summer with a “prototype” Local Account to be tested from the autumn, this would be presented to the Scrutiny Committee.

In discussing the item, Members felt it was important that they were kept up to date with progress and had the opportunity to be involved in the Local Accounts.

RESOLVED: That

- (a) the proposals for Local Accounts and Outcome Measures be noted; and
- (b) the Committee be kept up to date with progress on the production and content of the Local Accounts.

103 **PUBLIC HEALTH WHITE PAPERS: COUNCIL'S RESPONSE TO CONSULTATION**

The Committee considered a report of the Chief Executive on the Council's response to the consultation on the Public Health White Paper “Healthy Lives Healthy People” published in November 2010. There were 3 consultation papers on which comments were sought. The proposals in the first paper, “Our strategy for public health in England”, referred to the transfer of public health to the Local Authority. The key points in the paper were:

- Local Authorities would be tasked with improving public health, fighting obesity, alcohol and drug abuse, smoking and sexually transmitted diseases;
- The Director of Public Health would be the strategic leader for public health and health inequalities in local communities working in partnership across public, private and voluntary sectors;
- There would be a renewed focus on bringing health work into early years, schools and unemployment initiatives;
- There would be ring-fenced budgets for public health. These were to be determined but councils would receive bonus payments for delivering on obesity and smoking targets;
- The guiding principle was to reach across and reach out – reach the root causes of poor health and reach out to people in most need;
- The support to be provided by local authority public health teams would need to be responsive, resourced, rigorous and resilient.

The second paper, “Transparency in Outcomes” set out proposals to put in place a new strategic outcomes framework for public health at national and local levels; the framework was guided by a set of principles and would:

- Use indicators that were meaningful to people and communities;
- Focus on major causes and impacts of health inequality, disease and premature mortality;
- Take account of legal duties in particular under equalities legislation and regulations;
- Take a life course approach;

- As far as possible use data collated and analysed nationally to reduce the burden on local authorities.

The third consultation was on the funding and commissioning routes for public health and sought views on both who should be the lead commissioner for specific services and on aspects of funding. Public health services would be funded by a new ring-fenced public health budget separate from the budget managed through the NHS Commissioning Board. Public Health England would fund public health activity through:

- Allocating funding to local authorities;
- Commissioning services via the NHS Commissioning Board;
- Commissioning or providing services itself.

For each consultation, there were a set number of questions and the report had included suggested answers. The committee was advised that the overall approach of the White Paper was to focus on health and improvements to health rather than on disease management.

It was noted that a Shadow Health and Wellbeing Board was to be in place by 1 April 2012.

In discussing the White Paper and the three consultation documents Members felt that there was a role for a cross party group of Members to consider the impact of the changes to the NHS on the Council's scrutiny arrangements, including the role of the Health and Well being Board and its relationship with Scrutiny.

RESOLVED: That

(a) the draft consultation responses contained in the report be approved; and

(b) consideration be given to setting up a cross party Member group to look at the future role for scrutiny in the light of the proposed changes to the NHS.

104 **THE CHESHIRE AND WIRRAL COUNCILS JOINT SCRUTINY COMMITTEE**

The Committee considered the minutes of the meeting of the Cheshire and Wirral Councils Joint Scrutiny Committee held on 10 January.

RESOLVED: that the minutes be received.

The meeting commenced at 9.30 am and concluded at 11.55 am

Councillor B Silvester (Chairman)