

Health Scrutiny Panel – Meeting held on Thursday, 2nd September, 2010.

Present:- Councillors Walsh (Chair), Davis, Long, Maclsaac, P K Mann (arrived 6.38 p.m.) and Plimmer

Apologies for Absence:- Councillors S K Dhaliwal A S Wright

PART I

12. Declarations of Interest

None.

13. Minutes of the Last Meeting held on 22nd June 2010

The minutes of the meeting held on 22nd June, 2010 were approved as a correct record subject to an amendment under Minute No 4- Declarations of Interest, to read that Councillor Maclsaac advised that his family members currently work within the NHS.

14. Strategy for the Implementation of "Putting Me First"- Personalised Adult Social Care Services in Slough

Mike Bibby, Assistant Director, Personalisation, Commissioning and Partnerships, outlined a report to inform, consult and seek the views of the Panel on the draft strategy to implement Personalised Adult Social Care Services in Slough and the key recommendations to be presented to Cabinet for decision.

The Panel had considered a report in February 2010, setting out the national policy agenda relating to the future provision of Adult Social Care Services. On 22nd June, 2010 the Panel received a further presentation on Putting People First and it was noted that Members had been briefed and trained on Putting People First under the compulsory Member training programme on 13th July, 2010. The Panel was advised that this session would be repeated in November, 2010. It was noted that the Cabinet would consider the report in September together with an additional appendix.

The Officer outlined his presentation, setting out the priorities for the implementation of the Putting Me First policy. These included the provision of increased choice and control for service users, enabling people to live independently and the provision of targeted preventative support for carers. The Panel noted the benefits of the strategy which included improvements to customer responses at the first point of contact, improved access to consistent and high quality information, and the provision of a reablement service to promote recovery of individuals and minimise the need for long term care. It was envisaged that the outcome would provide individuals with increased opportunities to make informed decisions about their lives, including how their assessed eligible needs could be met. Information and advice

Health Scrutiny Panel - 02.09.10

would also be provided to allow people to make an informed choice and enable them to continue to live in their own homes for as long as possible, thereby reducing the overall costs of long term care.

The Officer discussed the four key components of the National policy, being universal services, prevention and early intervention, choice and control, and social capital. It was noted that many changes would be needed, not only in Adult Social Care Services but also in other parts of the Council and within partner agencies including the NHS and independent sector organisations. The Panel noted the range of options and support that would be available to residents, within the Slough service model, and it was noted that for those not eligible for local authority funded social care and support there would be access to information and advice. This would enable residents to make their own choices or to be signposted to the appropriate services and support available in the community which could be accessed directly. Direct access to community based services including leisure and libraries would be available for all residents and community based preventative services would be targeted at available to those with moderate needs. Where individuals met the eligibility criteria for Adult Social Care a personal budget would be allocated and the person would be able to exercise choice and control over how the budget was used to meet their eligible needs. It was noted that there would be a range of more acute service interventions for eligible people at the point of initial referral or where the person had complex needs.

The Council would continue to work with the PCT and build on existing relationships in the area of urgent care and early intervention. The Panel noted that Telecare services would be increased and that SBC had put forward as a Telecare Accelerator Site. The Putting Me First strategy would also provide access to community services with increased opportunities for access to leisure and life long learning etc. The Officer advised that a report on the review of Day Services would be submitted to the Panel for consideration in October.

The Panel noted that responses for customers would be improved and new commissioning strategies and priorities would be produced. The Officer emphasised that it would be important to change the ways that work was carried out and redesign care management structures and functions, including necessary changes to job roles, the merging of teams, etc, and the improvement of customer responses. The Panel noted that Mental Health Services were not being reviewed in the same way. A new personal needs questionnaire and a revised charging policy which was needed to ensure fairness would be introduced in April 2011 following its presentation to Cabinet. It was noted however, that there would be extensive consultation before its implementation in April 2011. Workforce development would be needed for council staff and partner organisations and there would be a need for cultural change and the establishment of learning and development training needs. Market development would include new commissioning strategies and priorities and close work with partner organisations. There would also be the need for new types of services and contracts/procurement

Health Scrutiny Panel - 02.09.10

services. In the ensuing debate Members raised a number of comments/questions including the following:-

- A Member asked the Officer to clarify what was meant by the phrase “Telecare” and was advised that this related to the availability of Careline Services which were situated in the Town Hall. An example of Telecare was where a person could wear a pendant attached to their person and through this they would be able to contact Careline Services in cases of emergency. Another example would be the provision of an alarm which would monitor falls. These services would require workforce development and also working with other partner organisations.
- A Member questioned the ability of My Council to meet the requirement to improve customer responses, particularly with initial customer contact. Jane Wood, Corporate Director of Community & Wellbeing advised that CMT had commissioned a piece of work to look at My Council and clearly there were issues where people were not always able to make contact and receive a timely response. It was felt that the current My Council model was not appropriate to deliver a prompt response at the front end.
- In response to a question relating to the flexibility of market providers, the Officer advised that discussions had been held and it was clear that a number of providers were keenly interested. It was noted that providers would be likely to recruit staff who were flexible in how they delivered required services. It was also emphasised that there would continue to be a high number of individuals who would require continued nursing care.
- A Member asked whether staff who answered telephones would be trained for the job and was advised that the model would require that the caller received a quick response and be passed to the Adult Social Care Team. It was important that the team would be able to commission an immediate response especially in cases of emergency. The Director felt that at present calls were not properly triaged and it was also notable that one-third of all calls received did not require services. It was important that these callers were sign posted elsewhere to improve the efficiency of the system.
- A Member asked what was meant by the reference to the Council's Partners and was advised that this included the PCT, the Voluntary and Community Sectors and other organisations, for example, Age Concern.
- A Member noted that under the current system, people had carers but did not pay for this service and also received an attendance allowance. She asked whether the personal budget would cover both. The Officer advised that the attendance allowance was awarded through the benefits system and that in future the Assessment of Need would identify what the person needed to have to spend. In some cases an individual would not want to manage all of their allocated money.
- A Member asked whether a person was entitled to employ whoever they wished to provide care for them and asked, for example, whether they could use a friend. The Officer advised that there were

Health Scrutiny Panel - 02.09.10

restrictions at national level and, for example, a person could not employ a wife or husband. The person was also required to demonstrate that the money would be used to meet their individual needs. In response to a comment that this in effect made the person who received care an employer, the Officer confirmed that this was correct but advice and support would be provided for individuals to go down this route. It was confirmed that in future the attendance allowance would continue to be paid separately.

- In response to the concern expressed by a Member that developing a fairer contribution for Slough was important, the Officer advised that proposals would be brought but these would not amount to a radical overhaul. A policy was currently being drafted and case sampling was being carried out. The Officer acknowledged that it was important to make sure that the system was fair and it was acknowledged that there would be losers. At present 25% of users made use of the direct payments system. It was therefore likely that some people who were not charged at present would be charged in future. National recommendations had stipulated that the policy should be looked at and groups were currently being consulted. Some of those already in receipt of direct payments felt that the system would not be fair and the possibility of introducing the scheme gradually would be considered.
- A Member asked whether it would be useful to work with other neighbouring authorities to create a user-led organisation that could work across several areas and was advised that there had been some discussion with Bracknell Forest Council and the Royal Borough of Windsor and Maidenhead. The Director advised that there were some organisations in London which worked in this way and it was hoped that when the Council went out to tender, such organisations would be attracted.
- In response to a concern regarding the misuse of funds, the Officer advised that this was possible now under the direct payment system and it was important to ensure that there were few loopholes in the new system to prevent this from happening.
- A Member asked how often a persons individual needs would be reviewed and was advised that this would happen at least once each year but it could happen more frequently depending on the persons needs.
- In response to a question regarding the correct use of allocated funds the Officer advised that these were checked yearly but would be scrutinised more closely if it was apparent that there were anomalies.

Resolved –

- (a) That the Panel note the information contained within the report and the attached draft strategy document.
- (b) That the Panel recognises that reform and improvement to the operation of the Customer Service interface, including My Council will be essential to the successful implementation of Putting Me First, and requests that the Cabinet closely monitor the ongoing

Health Scrutiny Panel - 02.09.10

business case for customer services and that the relevant Commissioner take a leading role in any recommendations for change to the service.

15. Members' Attendance Statistics

The Panel noted details of Member attendance.

Resolved – That the report be noted.

16. Forward Agenda Plan

The Panel noted the contents of the forward Agenda Plan and a number of items were added.

Resolved - That the Forward Agenda Plan be noted and that the following items be included:

- (1) Heatherwood and Wexham Park Hospitals Trust – Financial Position and Turnaround Plan -23rd September, 2010.
- (2) Possible re-siting of Mental Health Services to Prospect Park Hospital – Update Report- 23rd September, 2010.
- (3) Heatherwood and Wexham Park Hospitals – Outpatient Booking System (John Wood, Deputy Chief Executive) – 25th October, 2010.

Chair

(Note: The Meeting opened at 6.30 pm and closed at 8.02 pm)