

AT A MEETING of the SAFE AND HEALTHY PEOPLE SELECT COMMITTEE of the COUNTY COUNCIL held at The Castle, Winchester on Wednesday, 18 September 2013.

PRESENT

Chairman:
p Councillor Patricia Stallard

Vice-Chairman
p Councillor Chris Carter

Councillors:

p Alan Dowden
a Keith Evans
p David Harrison
p Marge Harvey
p Roger Huxstep
p Chris Lagdon

p Fiona Mather
a Andy Moore
p George Ringrow
p Steve Rippon-Swaine
p Frank Rust
p Martin Tod

Also in attendance at the invitation of the Chairman:
Councillor Jonathan Glen, Chairman, Policy and Resources Select Committee
Councillor Andrew Joy, Executive Member for Communities and Partnerships
Councillor Anna McNair Scott, Executive Member for Adult Services

10. **APOLOGIES FOR ABSENCE**

Apologies were received from Cllrs Keith Evans and Andy Moore.

11 **DECLARATIONS OF INTEREST**

Members were mindful that where they believed they had a Disclosable Pecuniary Interest in any matter considered at the meeting they must declare that interest at the time of the relevant debate and, having regard to the circumstances described in Part 3, Paragraph 1.5 of the County Council's Members' Code of Conduct, leave the meeting while the matter was discussed, save for exercising any right to speak in accordance with Paragraph 1.6 of the Code. Furthermore Members were mindful that where they believed they had a Non-Pecuniary interest in a matter being considered at the meeting they considered whether such interest should be declared, and having regard to Part 5, Paragraph 2 of the Code, considered whether it was appropriate to leave the meeting whilst the matter was discussed, save for exercising any right

to speak in accordance with the Code.

Councillor Martin Tod declared a non-pecuniary interest as he is the Chief Executive of the charity 'Men's Health Forum', which receives funding from the Department of Health, NHS England, and Public Health England.

12. **MINUTES**

The Minutes of the Select Committee held on 28 June 2013, subject to two minor amendments, were confirmed as a correct record and signed by the Chairman.

13. **DEPUTATIONS**

The Committee did not receive any deputation requests on this occasion.

14. **CHAIRMAN'S ANNOUNCEMENTS**

The Chairman invited Councillor Andrew Joy, Executive Member for Communities and Partnerships, to provide a brief overview of his role on the Cabinet, and his thoughts on how his role would link in with the work of the Committee.

15. **CARE BILL**

The Committee received a presentation from the Director of Adult Services on the Care Bill currently progressing through Parliament, together with the anticipated impact of the proposals on the Department and wider Council (take in presentation, Item 6 in Minute Book).

Members received an overview of the headlines contained within the Bill that had been publicised in the national press, including the increase of the capital threshold and introduction of a cap on care costs. From April 2016, it was expected that the capital threshold (i.e. the maximum value of assets the service user can be in possession of to have their care cost paid by the Local Authority should they meet eligibility criteria) would be increasing for those in nursing or residential care from £23,250 to £118,000, but that the threshold for those receiving care at home would remain at £23,250.

It was explained that the passing of the Bill would see the introduction of a £72,000 cap on an individual's contribution to care costs over their lifetime, minus a separate charge for board and lodgings (a maximum of

£12,000 per annum). A cap of zero would be implemented for those entering adulthood with care and support needs, and a lower cap would be available for those receiving care that were not classed as 'older people'. It was thought that this part of the Bill had been introduced to avoid 'catastrophic' care costs. An example of how this would work in practice was provided to Members.

In addition, Members heard:

- That the Care Bill was currently progressing through the Houses of Parliament. At the present time, the Bill was at the report stage of the House of Lords, and was due to move to the House of Commons later in the year. The Bill currently planned for implementation from 2015/16, with major financial changes introduced in 2016/17.
- The Bill in its current form doesn't provide the necessary detail to accurately estimate how it will be implemented. It is expected that the detail will be contained within the statutory instruments, which are unlikely to be available until the Bill reaches Royal Assent.
- That the Government would be consulting on the Bill until 25 October 2013.
- That the Bill would introduce a responsibility for Local Authorities to offer an assessment to anyone requiring or enquiring about social care. Currently 20% of those in contact with adult social care in Hampshire fund their own care, but some choose to arrange their services independently and therefore have not come into contact with the Department. There could therefore be a big increase in the number of contacts made requiring an assessment.
- That the Department has conducted research to estimate the expected number of additional individuals that might require an assessment. From this, it is possible that for each individual paying for their own care in contact with adult social care, there are potentially another two in the County that are unknown to the Council.
- That the Bill will introduce a new duty to assess and meet the needs of carers.
- That the Bill currently contains provisions that would make it the responsibility of Local Authorities to provide social care services to prisons. There is currently one prison in the Hampshire County Council boundary (HMP Winchester). As this is a new responsibility, it is likely that the Council will want to work closely with community mental health and substance misuse service providers who have experience of

working in prison environments.

- That the Bill would enable Local Authorities to charge interest on deferred payment loans. The Council were currently exploring offering deferred payment loans to those receiving care within their own homes, so that service users had the option of whether to pay their costs out of their income, or to borrow against their savings and assets.

In response to questions, Members heard:

- That there would be a shared responsibility for informing the public of changes to social care following the passing of the Care Bill. It was expected that the Government would lead on this nationally, but that Local Authorities would have a role in communicating changes to their population.
- That it is unknown as to whether an increase in the pensionable age would increase the age definition of 'older people'.
- That advocacy services could be provided from voluntary sector partners in the County should individuals wish to receive impartial advice from an organisation other than the Council. In addition, the Council may wish to commission the voluntary sector to undertake some of the elements in the Bill.
- That the biggest risk around the Care Bill is the impact it may have on the care sector and the possibility that changes to finance may result in market destabilisation. This is an issue that the Department will continue to monitor, as it isn't in the interest of Local Authorities to see care provision in the area decrease.
- That it would be helpful to have Member involvement in the Council's review of the impact of the Care Bill, given the impact it will have on the Department.

RESOLVED:

That:

1. The Select Committee form a working group focusing on the Care Bill. That the role of this group will be to review and shape the response by Adult Services to both the content of the Bill, and the implementation of the Bill when it becomes an Act.
2. The working group verbally report back to the Select Committee, as appropriate.
3. That a future presentation is provided to the Select

Committee on the integrated working elements of the Bill.

16. **VILLAGE AGENTS PROGRAMME**

The Committee received details from the Director of Adult Services on the village agents programme in Hampshire (take in report and presentation, Item 7 in the Minute Book.)

The Committee received an overview of the village agent project; a programme set up to enable older people in rural areas of the County to access information and services.

Members heard:

- That the Hampshire scheme is the first volunteer-based village agent project. The current scheme is based on the 15-month pilot funded by the Council's Executive Member for Rural Affairs, with funding now provided by Adult Services up until July 2015.
- That there are currently 31 village agents covering 23 rural areas. The aim is to increase these to 45 by June 2015.
- That 19% of the rural population in Hampshire are aged over 65.

In response to questions, Members heard:

- That a map of village agents can be found on the Council website at <http://www3.hants.gov.uk/ageconcern/ageconcern-ourservices/ageconcern-villageagent.htm>. Details would also be made available to all Councillors.
- That learning is facilitated between agents, with all volunteers invited to attend cluster groups every two to three months.
- That finance is the only limitation to the number of village agent volunteers in the County – as costs are incurred for co-ordination, expenses and the use of laptops/equipment.
- That there is the possibility to roll out the thinking behind the village agent scheme to urban areas.

RESOLVED:

That the report is noted.

17. **DELAYED TRANSFERS OF CARE**

The Committee received a report and presentation from

That the Committee is informed if funding is not expected to continue past July 2015.

Details of local village agents provided to Councillors.

the Director of Adult Services on delayed transfers of care in Hampshire, specifically focusing on the Department's actions to resolve issues associated with this area (take in report and presentation, Item 8 in the Minute Book).

Members received an overview of how Hampshire County Council is performing in relation to delayed transfers of care from acute hospitals, and the support services in place to help facilitate discharge. Details were provided of the hospital teams based in each of the acute hospitals serving the Hampshire population, as well as services and teams facilitating discharge based in the community. Data presented showed that performance had improved over the previous two years, with a trend showing a continued decrease in adult services delays to below the national average.

In addition, Members heard:

- That discharge bureaux in hospitals include adult social care and NHS staff teams, promoting integrated working between organisations.
- That discharge teams are able to monitor the performance of delayed discharges on a daily basis.
- That bed-based reablement has multiple functions – it enables individuals to have the confidence to return home, continuing to live independently for as long as possible, as well as providing time to think about future options around care and support.
- That service users can 'opt in' to an automated phone call pilot that monitors wellbeing on discharge from hospital. Responses to this service with touchtone phones enable community teams to highlight which service users may require additional support.

Following questions, Members heard:

- It was likely that performance relating to delayed transfers of care would plateau given the current pressure on both NHS and adult social care services.
- That the Department monitors the demand on, and capacity of, the care market in the County. There is concern that the current organisation of services available at the present time will not meet predicted needs. The nature of care will need to change to meet this challenge.
- That adult services have taken part in a national audit of reablement services, and had received positive feedback on services whilst contributing to this work.

- That village agents could be involved in discharge plans for individuals returning to their rural home.

RESOLVED:

That the report is noted.

18. **CONSULTATION ON THE CLOSURE OF FOUR RESIDENTIAL CARE HOMES AND ONE DAY CENTRE**

The Committee received a verbal update from the Director of Adult Services on the process being followed to consult on the closure of four Council-provided residential care homes for older people, prior to the Committee's pre-decision scrutiny of this item on 22 November 2013.

Consultation on the closures had begun on 29 July 2013 and was due to close on 18 October. So far the Council had received 110 completed questionnaires and 132 pieces of correspondence on the consultation. The Department had held six consultation events, with two more to take place, for relatives and interested stakeholders to understand the proposals. In addition, senior officers were attending community and patient group meetings to discuss the consultation, and considerable activity had been undertaken with local members.

The Department had continued to work closely with the Homes affected by the consultation, and a voluntary redundancy window had been opened to offer staff the choice to leave the service should they so wish. The Director assured the Committee that offering staff this choice did not pre-empt the final decision to be taken by the Executive Member for Adult Social Care on the proposals to close the four homes and one day centre.

In response to questions, Members heard:

- That Members wishing to visit the Homes affected by the proposals would be offered dates for this prior to the next Select Committee meeting on 22 November, where the proposals would be subject to pre-decision scrutiny.
- That there were two important issues for Members to consider in relation to this consultation; the first and most important was the care needs of service users, and the second how the Council can organise and transform its services to meet these.

This item to appear first on the 22 November agenda.

RESOLVED:

That the Committee confirm its intention to scrutinise the outcomes of the consultation on the closure of four care homes and one day care centre in Hampshire at its meeting on 22 November 2013.

19 **MENTAL HEALTH JOINT COMMISSIONING STRATEGY**

The Committee received a report and presentation from the Director of Adult Services updating Members on the implementation of the Mental Health Joint Commissioning Strategy (take in report and presentation, Item 10 in the Minute Book).

Members received an overview of the background of the Mental Health Joint Commissioning Strategy 2012-2017, as well as an update on its implementation since the Committee had last considered the item in May 2012. The strategy had originally been agreed with Hampshire NHS Primary Care Trust, who had been the previous commissioners of mental health services in the County. NHS Clinical Commissioning Groups (CCG), who had taken on responsibility for mental health commissioning post-April 1st 2013, were now the partners in the strategy and were signed up to its priorities. It was likely that the strategy would need a refresh in light of emerging CCG commissioning priorities.

In addition, Members heard:

- That the strategy is the NHS and Hampshire County Council's commitment to providing services to meet the needs of service users, their carers and families.
- That the strategy was developed in consultation with stakeholders, including service users and carers, patient representatives, staff and the voluntary sector.
- That the strategy had been implemented from April 2012, with the most recent changes being the set-up of Wellbeing Networks chaired by Clinical Commissioning Group mental health leads, and the introduction of Mental Health Wellbeing Centres across the County.

Following questions, Members heard:

- That it was recognised that the recorded national figures on depression and anxiety did not reflect the true number of individuals experiencing mental ill health, given that some people do not receive a diagnosis as they do not access services. It was heard that both primary care

services and the 'Improving Access to Psychological Therapies' programme would be targeting males in particular to encourage access.

- That unemployment support is available through Mental Health Wellbeing Centres, and providers were working with employers in Hampshire to provide access to services if required by employees. It was highlighted that links should also be established with job centres to ensure the public knew how to access mental health services if needed.
- That engagement activity had been undertaken by providers to advertise services available in Mental Health Wellbeing Centres, but it was expected that most contacts for this service would be referred by GPs and other providers.
- A tendering process to provide the mental health carer support workstream was ongoing.

RESOLVED:

That the report is noted.

20. **WORK PROGRAMME**

The Director of Policy and Governance presented the work programme (Item 11 in the Minute Book).

The work programme for the Committee had been updated to include topic suggestions from Members requested over the summer. The Chairman had prioritised suggestions with the Vice Chairman and suggested that the finalised 2013/14 work programme presented a varied and interesting selection of topics where the Committee could add value to work ongoing within the Council.

RESOLVED:

That the work programme is agreed.

Chairman, 22 November 2013