

AT A MEETING of the SAFE AND HEALTHY PEOPLE SELECT COMMITTEE of the COUNTY COUNCIL held at The Castle, Winchester on Friday, 30 April 2010.

PRESENT

Chairman:
p Councillor Pat West

Vice-Chairman
p Councillor Roger Kimber

Councillors:

a Ann Buckley	a Mark Kemp-Gee
p Brian Collin	p Anna McNair Scott
p Alan Dowden	p Pam Mutton
p Liz Fairhurst	p Eric Neal
a Jane Frankum	a Jackie Porter
p Andrew Joy	

Also in attendance Councillor Felicity Hindson, MBE, Executive Member for Adult Social Care.

25. **DECLARATIONS OF INTEREST**

Members were mindful that, where they believed they had a personal or personal prejudicial interest in any matter to be considered at the meeting, they should normally at the time of the debate declare their interest, and having regard to the circumstances described in paragraphs 9, 10, 11 and 12 of the County Council's Code of Conduct, consider whether to leave the meeting whilst the matter was discussed save for exercising any right to speak in accordance with Paragraph 12 of the Code.

26. **MINUTES**

The Minutes of the Committee held on 19th January 2010 were confirmed as a correct record and signed by the Chairman.

27. **CHAIRMAN'S COMMUNICATIONS**

a. **External Briefings**

In an effort to streamline the Agenda, the Chairman asked for some of the items on the work programme to be included instead in external briefings. This would ensure that Agenda time, which was already limited,

That Members provide the scrutiny team with any suggestions for external briefing topics.

would not be used on items for information that could be distributed outside of this meeting.

Members were asked to provide any suggestions of topics for external briefings to the Scrutiny team.

b. Trigger Tool

The Chairman informed Members that the trigger tool helps the Local Authority to ensure all older people in Hampshire have the services they need to help them maintain an independent life for as long as possible. It is an information tool containing useful contact details, such as agencies and organisations, that may be of help to older people, for anyone visiting an older person in their own home. Staff or volunteers visiting older people may notice or become aware of issues or concerns, which are not within the scope of their work or reason for visiting, but do need some kind of action. The Trigger Tool brings together, in a single document, contact details for all the organisations which may be able to assist in these circumstances. It can be used to signpost the older person to sources of help.

The Committee agreed that any tool that has the capacity to help the older population was one that could be endorsed. The Committee congratulated the Older People's Wellbeing Team for their work on the trigger tool.

28. **SELF DIRECTED SUPPORT / COMMUNITY INNOVATIONS**

The Committee received presentations from the Director of Adult Services. Members heard:

(Take in presentation)

Self Directed Support

- That the Self Directed Support scheme was initialised by the 'Putting People First' White Paper, published by the Government in December 2007.
- That Self Directed Support is the name given to an aspect of personalising the adult social care system so that those who are in receipt of services can have greater control over them. This can include access to direct payments and individual budgets, which gives service users the opportunity to control the resources allocated to their support, and what outcomes such resources result in.
- That Self Directed Support is a national model, but has been adapted to become a scheme within the 'Hampshire Model'.

The Committee receive a briefing on the success of the rollout of Self Directed Support in a years time.

The Membership of the Committee receive details of Community Innovations teams in their division areas.

- That in the previous assessment model used by Adult Services to highlight care needs, very little input was had in the process by the service user. In the new assessment model, the service user is central in the process of creating their own support plan, based on the outcomes they wish to achieve.
- That of those who piloted the Self Directed Support scheme in Basingstoke, 70% still wished for Adult Services to continue to commission services for them, with 30% happy to begin buying their own services.
- That the main aim of Self Directed Support is to allow service users to think more about their care support plan, and the outcomes they wish to see.
- That currently Self Directed Support is being rolled out to older people, and those with physical and/or learning disabilities. Partnership working is ongoing to develop Self Directed Support for those in receipt of mental health care services.
- That one of the outcomes already noted from the introduction of Self Directed Support is a perceived increase in the quality of life experienced by service users.
- That Self Directed Support is now being rolled out across Hampshire, with the South (Havant, Gosport and Fareham) transferring on 5 July, and the West (Winchester, Eastleigh, New Forest and Test Valley) transferring on 4 October. The North and East are already live (Basingstoke & Deane, Hart, Rushmoor, East Hampshire).

Community Innovations

- That Community Innovations is a multi-partnership early intervention and prevention service that targets older people with low-to-moderate care needs i.e. those who do not currently meet Adult Services, Fair Access to Care eligibility criteria.
- That there are currently 16 Community Innovations teams in Hampshire, an increase of 11 since 2003. There is one Community Innovations team in each of the 16 Practice Based Commissioning localities
- That the case for investment in prevention and early intervention has been made through the evaluation of the national Partnerships for Older People Projects (POPPS). It was found that these projects delivered significant results, with overnight hospital stays reduced by 47%, and accident & emergency attendances reduced by 29%.
- The evaluation found that the NHS efficiencies were gained without an adverse impact on Adult Services resources i.e. reduction in hospital admissions has not caused greater pressure on adult social care budgets.
- That the majority of referrals to the Community Innovations teams are through GPs and community health teams, with a majority of the reasons for referrals

centring on isolation/loneliness, falls, and mobility issues.

- That, alongside receiving referrals, the Community Innovations teams proactively seek individuals who are beginning to experience difficulty, i.e. moving from a low to moderate care need.
- That capacity for expanding the service further is limited, but work is under-way to boost the capacity of the teams from within existing resources.

In response to questions, Members heard:

- That the Personal Care at Home Act (2010) will affect the way Adult Social Care is provided in Hampshire, the total extent of which is currently being calculated.
- That the support plan drawn up through Self Directed Support is in conjunction with the Continuing Care teams in Health, if relevant.
- That Self Directed Support is means-tested, and those using it must meet eligibility criteria. However, any individual is entitled to an assessment.
- That those working within Adult Social Care feel that the outcome-based focus of Self Directed Support is a positive step for the service.
- That NHS/Adult Services relationships will be crucial in the years preceding the National Care Service (the future of which is dependent on the outcome of the general election – but currently due to be live in 2015), particularly in work streams around re-enablement, preventing readmission and increasing independence.
- That service users are supported in whichever decision they wish to make regarding Self Directed Support. If a service user wishes to commission their own services, Adult Services will help to facilitate and educate throughout the process. If a service user wishes to continue to have their care needs met by services commissioned by Adult Service, this is also supported.
- That service users can be re-assessed if Self Directed Support is not meeting the outcomes outlined in the initial assessment.
- That market development is a key aspect of personalisation, ensuring that there is enough capacity in the system to meet care needs. Currently capacity is not an issue, as the majority of service users are requesting that Adult Services continue to commission their services.
- That the recruitment of family members through Self Directed Support allows those who would not normally be involved in caring to experience working in such an environment.
- That the universal offer is open to everyone, and is not mean tested. This strand of personalisation allows individuals to access information on how their needs can best be supported, and how independent brokerage can

be accessed.

- That the Community Innovations projects were originally aimed at older people, as the teams were funded specifically to do this. Adult Services are now beginning to look at how this model can be targeted to support people with physical and learning disabilities .
- That the services the Community Innovations teams provide are not means tested. However, service users may be signposted to services that would meet their care needs that may then require a minimal amount of self-funding.
- That the Care Choices website is now live in Hampshire, which provides individuals with information on the care options available to them.
- That Community Innovations is jointly funded through Adult Services and the NHS.
- That the Community Innovations teams are allowing projects to become embedded in normal practice before looking to further expand.

RESOLVED:

That:

- a) the Committee receive a briefing on the success of the rollout of Self Directed Support in a years time.
- b) the Membership of the Committee receive details of Community Innovations teams in their division areas.

29. **ADULT SAFEGUARDING**

The Committee received a report and presentation from the Director of Adult Services. Members heard:

(Take in Report and Presentation)

- That the annual report on adult safeguarding within the service now appears before the Health & Wellbeing Partnership Board.
- That recent high profile cases, such as that of the Michael Gilbert case in Luton, has prompted a change in the way adult safeguarding cases are managed.
- That the government response to the 'No Secrets' guidance review was published in January 2010, which stated that there will be a change in how adult safeguarding is legislated.
- That a new national data set will also be introduced, with Local Authorities being benchmarked against one another for the first time. Hampshire County Council will be benchmarked against Essex County Council.
- That the two main types of abuse against vulnerable

adults recorded in Hampshire are physical and financial types.

- The Service User Forum is aiding Adult Service to develop resilience in safeguarding adults. Key work streams include providing training and tools to Service User Forum members, who in turn train others in the community. The Forum will also have the opportunity to hold the Adult Safeguarding Board to account.

In response to questions, Members heard:

- That emotional abuse is not easy to see or define, but is as damaging as physical or financial abuse. Therefore vigilance for this kind of abuse is needed by service users, carers and those involved in safeguarding adults.
- That adult safeguarding data is currently collected and recorded by Adult Services, but until now benchmarking against other comparative authorities has not been able to take place.
- That two areas for improvement were highlighted as part of a department management board commissioned report on adult safeguarding. These included the way information is recorded on SWIFT, and partnership working. Action plans have been put in place to ensure improvements are made in both of these areas.
- That data is not recorded on the same software systems by those involved in adult social care across adult services and areas within the NHS. Work is ongoing to promote the greater use of SWIFT, and using health and social care repository data systems.

RESOLVED:

That the Committee hear its next biannual update on adult safeguarding at its November 2010 meeting.

30. **LAA INDICATORS**

The Committee received presentations from the Chief Executive and Director of Adult Services. Members heard:

(Take in presentations)

- That the Local Area Agreement is statutory, with each agreement lasting three years. The number of indicators measured by Local Authorities has been decreasing since the Local Area Agreement's inception.
- That up to 35 national indicators can be selected for each Local Area Agreement, plus any local indicators. The Hampshire Senate sets the priorities, and the agreement is managed by an Executive Group.
- That the Local Area Agreement indicators are designed to be integrated into existing service and partnership plans.

- That each indicator is subject to quarterly delivery assessments and a six monthly assessment by its sponsor.
- That currently the highest risk indicator under the theme of health and well-being is NI 134 – managing the risk of emergency hospital admission and length of stay, especially for vulnerable people.
- That NI 139 – providing information and support to older people to enable them to live independently – is currently rated as yellow.
- This indicator is measured by responses to a question in the place survey, which asks residents whether older people in the local area are able to get the support and services they need to continue to live at home for as long as they want to. The Place Survey takes place every two years and is next due to take place in the autumn.
- That this area was one of those ranked by older people as being a top priority in a consultation by the Older People's Wellbeing Team.
- That this indicator requires partnership working for it to be effectively delivered. Currently work is ongoing with partners to raise awareness of what information and support is available to older people and to better co-ordinate provision
- That NI 142 – promoting independent living for vulnerable people – is currently rated as green.
- This indicator is measured by the number of people able to live in supported living accommodation, and specifically relates to those who are on the Supported People Programme.
- That Hampshire County Council leads on this indicator but is dependent on support from those third sector agencies who provide supporting people services.

In response to questions, Members heard:

- That the Place Survey, on which National Indicator 139 is measured, has a return rate of 50%. Although it was agreed that using a perceptual question of any adult is not necessarily the most effective way of measuring the indicator, this is a national requirement and therefore cannot be changed. Instead, efforts must be made to ensure individuals are aware of the information and support available to them.
- That the place survey responses can be categorised by age and therefore the responses given by older people can be analysed.
- That 'independent living' is a label given to those who are not in residential care.
- That the questions asked within the place survey had the response options of 'yes', 'no' and 'don't know'. There was not an option for saying why a response had been given.

- That Hampshire County Council needs to use sources other than the Place Survey to measure this priority, e.g. the resident's survey.

31. **WORK PROGRAMME AND ANNUAL REPORT**

The Chief Executive presented the work programme and annual report of the Safe & Healthy People Select Committee (Item 7 in the Minute Book).

RESOLVED:

That the Committee's Work Programme and Annual Report be approved subject to the issues raised at the meeting.