



# Minutes

Name of meeting	<b>ADULT SOCIAL CARE, HEALTH &amp; HOUSING SCRUTINY PANEL</b>
Date and time	<b>THURSDAY, 9 DECEMBER 2010 AT 5.00PM</b>
Venue	<b>COMMITTEE ROOM ONE, COUNTY HALL, NEWPORT</b>
Present	Cllrs Margaret Webster (Chairman), Ivan Bulwer, John Hobart, Ian Stephens
Co-opted (non-voting)	Paddy Noctor (LINK)
Officers Present	Ian Anderson, Marian Jones
Cabinet Members	Cllr Roger Mazillius

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16. [Minutes](#)

RESOLVED:

THAT the minutes of the meeting held on [14 October 2010](#) be agreed.

17. [Declarations of Interest](#)

Cllr Bulwer declared a personal interest in minute 20 as he was Chairman for the Executive Committee for two Abbeyfield Residential Homes in Ryde.

Cllr Hobart declared a personal interest in minute 20 as he was a Common Purposes Board Member for Medina Housing Association.

18. [Implementation of the Health White paper](#)

The Programme Director Organisational Transition of the IoW NHS PCT, gave a PowerPoint presentation on the implementation of the Health White Paper. A copy of the update report considered by the PCT Board on 3 November 2010 had previously been circulated to the panel for information. The government was expected to publish its Health Bill in January 2011 and the operating framework for the NHS would be published mid December.

The Programme Director highlighted the following developments:

- Following negotiations, the Department of Health had agreed that the PCT provider arm could be retained until April 2013 in order to aid transition arrangements.
- A “Pathfinder” status steering group was moving forward GP commissioning arrangements at regional level.
- Initial governance arrangements had been agreed for an Island GP Commissioning Consortium (GPC) and six GPs were being elected to form an executive business group. This group would be operational from January 2011 and experienced PCT staff would work with the group to help develop the necessary arrangements etc.
- The PCT was undertaking a fresh audit to ensure full look at the degree of provider and commissioner separation within the current organisational arrangement, and service level agreements were being developed to demonstrate greater transparency.
- The SHA was leading an option appraisal regarding service provision on the Island and by March 2011 there should be a clear indication of the best organisational form for the various types of services provided. PricewaterhouseCoopers had been commissioned to provide external challenge and scrutiny to the exercise. The Island was behind the rest of the country in terms of separation of provision and commissioning, but all provider services were expected to be part of a Foundation Trust by March 2014. It was planned to create an NHS Trust initially with a view to achieving Foundation Trust status in due course.
- The Strategic Director was the council’s representative on the Provider Options Programme Board. Key milestones had been identified and the cabinet members and the panel would be given updates on the process.

The Head of Strategies and Partnerships, circulated a briefing paper and outlined the key points of the newly published Public Health White Paper. A key thrust of the White Paper was that public health was not just about health services but was impacted by much wider determinants such as education, housing and employment. A national outcomes framework for public health was expected to be published at the end of 2010 and more policy documents were also anticipated early in 2011.

Key points highlighted were:

- The financial transfer of public health would take effect in April 2013 and funding would be ring fenced. However, shadowing would hopefully begin in 2011.
- Responsibility for public health would be divided between Public Health England (PHE - a new body) and upper tier councils.
- The Director of Public Health (DPH), to be appointed jointly by the local authority and PHE and professionally accountable to the Chief Medical Officer. The DPH would be the strategic leader for public health in the community and link with the NHS, GPC and PHE.
- The Joint Strategic Needs Assessment (JSNA) would be the responsibility of the Health & Wellbeing Board to oversee and deliver identifying crucial priorities.
- The government was expected to publish governance arrangements for Health & Wellbeing Boards, but Boards were likely to comprise GP consortia representatives, elected members of the local authority, the Director of Public Health, Director of Adult Social Services, Director of Children’s Services, and HealthWatch, and membership could be expanded locally.

The panel was advised that, whilst the earlier Health White Paper had indicated no continuing role for scrutiny committees, consultation responses had highlighted the need for separate scrutiny of Health & Wellbeing Boards. Guidance was now expected on this and the Bill was expected to affirm a continuing role for scrutiny committees.

The Strategic Director of Community Services confirmed that the future relationship between adult social care and the health provider arm was now being looked at.

The panel noted that there were plans for a 'Great Swapathon' as part of the Public Health White Paper, which would make available business sponsored vouchers for physical activity sessions, and were advised that this would be part of Change4Life. An incentive scheme had been started which would link with this.

It was confirmed by the Head of Strategies and Partnerships that public health funding would be linked to the health premium of addressing health inequalities and would be outcome focussed. She also advised that there would be consultation events on the Public Health White Paper, and the council would be able to take part in these.

The Programme Director confirmed that, as with any new structure, there would be setting up costs. The PCT was helping to prepare other bodies and some GPs would need to be freed up from their clinical work to allow time to take part. Part of the option appraisal would look at social care provision and the PCT would be working closely with the local authority on setting up the new structures needed, such as the Health & Wellbeing Board. Dialogue was also taking place regarding possible joint working in respect of corporate back office functions. The Strategic Director stated that a joined up approach was essential. He emphasised that the public health agenda was part of everything the council did and could provide considerable opportunities if done properly.

In view of the size of the transition programme the panel suggested that it would be helpful for the programme to be broken down further to enable monitoring and to aid understanding. The Programme Director confirmed this was planned and breakdowns could be made available to the panel.

It would be mandatory for GPs to fall into line with regards to the new commissioning arrangements. Additional guidance was expected on this and it was expected that the national GP contract would be amended accordingly.

The Programme Director was asked further about the provider option appraisal supported by PricewaterhouseCoopers'. He confirmed that it was very early days to determine in what form each of the various health services would be best provided. Eight or nine clinical groups were currently being looked at and the panel would be kept informed. It was not yet known whether the various groups of services were financially or clinically viable for Foundation Trust status. There would be stakeholder engagement as part of the option appraisal and this would include the third sector.

**RESOLVED:**

- (i) THAT the report be noted.
- (ii) THAT the terms of reference for PricewaterhouseCoopers' involvement in the option appraisal be provided to the panel.
- (iii) THAT the PCT be requested to provide a breakdown of the transition programme in order to aid understanding and monitoring.
- (iv) THAT the panel be kept informed regarding the outcome of the options appraisal.

19. [Update on the Council's adult social care consultations](#)

The Strategic Director of Community Services updated the panel on the public consultations taking place in respect of a) the proposed relocation of Westminster House, b) the proposed raising of the eligibility threshold to "critical", and c) the proposed changes to the charging policy for adult social care services. Although there had been significant media coverage and various consultation events, the Strategic Director was a little disappointed in the amount of feedback received to date. More promotional activity was planned after Christmas. The cabinet member chaired the consultation advisory group and a range of organisations had been involved in the consultation. The results of the consultation would be used to advise the cabinet as part of the decision making process.

The Strategic Director confirmed that town and parish councils had been invited to comment. Some panel members were concerned that they were not aware of this and would check the position with their own local council.

The cabinet member stated that the description in the final line of the table on page B2 of the agenda should read "...Cowes *South*...". He reminded the panel that he had emailed all Members about the consultations on 18 October 2010.

Concern was expressed that the Westminster House issue was dominating the consultation process and it was suggested that additional efforts be made to increase public awareness regarding the other two aspects.

RESOLVED:

- (i) THAT the update report be noted.
- (ii) THAT panel members check the situation regarding the handling of the consultations within their own parish / town councils.
- (iii) THAT the Strategic Director of Community Services be recommended to consider additional ways of raising awareness of the charging and eligibility threshold consultations.

20. [Implications of the Comprehensive Spending Review](#)

The Strategic Director of Community Services gave a PowerPoint presentation on the implications of the Comprehensive Spending Review on adult social care and housing services and the main themes to be addressed in preparation for the 2011 budget.

In particular he highlighted that:

- o A number of specific grants were being combined into one overall support grant.
- o The social care reform grant would continue and additional funding was being made available nationally for adult social care.
- o 3-4% growth on the Island was not being recognised nationally and in addition 3% efficiency savings were assumed.
- o The council already had a significant overspend in respect of adult social care.
- o From April 2011 the NHS would be responsible for meeting the support needs of patients for the first 30 days from discharge. Whilst creating financial pressure on the PCT this could assist adult social services.

- The government's refresh of the national transformation agenda was on similar lines to that of the previous government. However, there was greater emphasis on universal services such as housing, transport and employment.
- The market for adult social services was becoming increasingly consumer-led as people used their personal budgets, and councils were moving from contracting for services to shaping the market and providing quality assurance.
- Although the national discretionary housing payment would increase, changes in housing benefit entitlements would mean that less money was available for tenants, and Supporting People funding was not ring-fenced. This would have an impact on the private sector housing market and could increase the risk of homelessness and other challenges such as debt, domestic violence and anti-social behaviour.

With regard to the dialogue that was being held with health regarding housing issues the Strategic Director confirmed that they were involved in the JSNA, which showed the emerging priorities for the Island, including housing and employment.

Regarding the use of community land trusts to increase the housing stock the Strategic Director stated that it was too early at present to know what these would look like, but it was something to which the council should be alert. He also confirmed that social housing on the Island would be kept at code 3 level.

**RESOLVED:**

- (i) THAT the report be noted.
- (ii) THAT an update on the impact of housing benefits changes be submitted to a future meeting.

21. **Forward Plan**

There was only one issue on the Forward Plan within the panel's remit for the period December 2010 to March 2011. The Care Quality Commission's (CQC) adult social care annual assessment had been deferred at the 7 December 2010 cabinet meeting. It was noted that the report provided an overall performance assessment that the council was performing well. The trend analysis on the causes of homelessness had been removed from the Forward Plan in view of the improving position.

**RESOLVED:**

THAT the Forward Plan be noted.

22. **Performance management**

The panel considered the performance report for quarter 2 as submitted to the 7 December cabinet meeting.

**RESOLVED:**

THAT the report be noted.

23. **Members' question time**

Councillor Stephens asked a question in relation to the overspend in the Community Services Budget. The Strategic Director clarified the reasons for the overspend and agreed to provide more information on the issues to the member concerned. The Strategic Director also reported that the Plan My Care website had been cancelled.

CHAIRMAN