

Notes of Decisions Taken and Action

Community Wellbeing Board

25 November 2009

CR 3 & 4, Local Government House, Smith Square, London, SW1P 3HZ. 11.30 am.

Present:

Chair Cllr David Rogers (East Sussex CC) (Lib Dem)

Vice Chair Apologies (Cllr Gareth Barnard)

Deputy Chair(s) Cllr Nargis Khan (Hackney LB) (Lab)

Apologies (Cllr Natalie Warriner)

Conservative Cllr James Couchman (Oxfordshire CC), Cllr Brian Hood (Monmouthshire CC), Cllr Alan Farnell (Warwickshire CC), Cllr Keith Glazier (East Sussex CC)

Labour

Liberal Democrat Cllr Doreen Huddart (Newcastle City), Cllr Zoe Patrick (Oxfordshire CC)

Apologies Cllr Gareth Barnard (Bracknell Forest UA)(Con), Cllr Ken Thornber (Hampshire CC) (Con), Cllr Dawn Cousins (Isle of Wight UA)(Con), Cllr Roger Lawrence (Rotherham)(Lab), Cllr Moira McLaughlin (Wirral MBC)(Lab), Cllr Natalie Warriner (Ryedale DC)(Independent)

Substitute Cllr David Lee (Wokingham BC)(Con), Cllr Mary Aspinall (Plymouth City)(Lab)

In attendance Paul Ogden, Alyson Morley, Matthew Hibberd, George Moody

1. Swine Flu Update

Roy Taylor, National Director for Social Care Flu Resilience, gave an update on the current Swine Flu situation, focusing on the adult social care sector. In contrast to the health sector there is relatively little information as it is largely made up of small, independent providers. Self-assessment has led to a hugely improved response rate, which is now being analysed. Some LAs are using the

situation to embed business continuity planning, and strengthen partnership working in the sector.

On vaccination, two million people have been prioritised out of the nine million to be vaccinated: 850 000 of these are social care workers. On 3 December they will announce allocations to LAs, and will know the actual numbers of take up in February 2010 when invoices are received. Currently the take up in the sector is higher than within the NHS.

His suggestions of areas for Members to consider in this sector were to: focus on business continuity planning; join up emergency planning; build relationships with PCTs; and consider scrutiny arrangements.

Members asked questions relating to how current the models used were, whether Tamiflu resistance should be a concern, and why all GPs, regardless of size, had received 500 doses. Roy Taylor assured Members that their models were continually updated (and that currently the UK case didn't reflect international experience), that Tamiflu resistance was rare and localised (5 cases in Wales, all in the same hospital, 40 cases globally), and that GPs were now able to order more Tamiflu, the previous system having been designed to ensure national coverage.

2. Developing the free personal care proposal

Jon Bolton, Director of Strategic Finance at the Department of Health, gave a brief presentation on developing the free personal care proposal. His presentation coincided with both the publication of the Personal Care at Home Bill and the launch of the related consultation document (of which Members have now been sent a copy). There is a twelve week consultation period.

Commenting that we won't really know the numbers involved until the take-up of services, he stressed that DH want to hear people's views, especially on three areas: level of regulation vs. guidance (how flexible locally); how it fits with personal budgets (with some ideas laid out in the document); and how the money will be distributed (with three options outlined in the document).

Members welcomed the openness of the approach. Subsequent discussion revolved around the following issues:

- A better idea of the figures involved, particularly the drawing in of current self-funders. Jon gave a guesstimate: there is currently about £400 million in self-funded domiciliary care, of which critical care tends to be around 33%, working with an average of a third from this gives around £133 million. Cannot be more

accurate than this as currently a lot of data is not captured, and this will need to improve.

- On self-funders, concern was raised that as they tend to be wealthier, this could become a subsidy to the rich, and that there is a danger of unknown pent-up demand being unleashed.
- Jon shared his experience from a visit to, and analysis of the data from Sweden, where they have free personal care. The proportion using care is almost identical, so we actually currently cover quite well, and given that they do not have a higher proportion of in-family care there is not likely to be huge pent-up demand.
- Concerns were raised that this represents a move towards a national model for social care, damaging the LGA's desired direction for the Green Paper.
- The importance of re-ablement in and to this proposal was noted, as qualification for free care requires a period or opportunity of re-ablement, and re-ablement 1% of the 3% efficiencies that have to be found. Availability is extremely variable currently and its importance needs to be re-emphasised to councils. We can create a better model of what good re-ablement looks like, and Jon insisted there is cash there for investment in this.
- Dangers to LAs, particularly cost shunting from health to social care. It was also noted that a lot of the risks are carried by LAs and that this could become an unfunded burden on local government: a fixed amount of funding to come from the NHS, with the rest from efficiencies. The open-endedness of LAs responsibilities was seen to be very dangerous with this fixed transfer of funding.

Actions

- Revisit the issue in January
- Raise with CLG reasonableness of efficiency target in the paper.

3. LGA response to the Care and Support green Paper: *Shaping the Future of Care Together*

- Our input has had a good response from the DH and has played a significant role in generating a good consensus for our position.
- The Board thanked Matthew Hibberd for the excellent work he had done on this.

4. Other Business Report

- Consideration of IDeA's Adult Safeguarding programme was deferred until January.
- The NCAS conference was felt to have been very successful, with the

following suggestions for improvement: dominated by DH, more departments present would aid joined-up thinking; the quality of the fringe needs to be more consistent; scheduling should take account of parliamentary business; the conference could be divided into two - adults and children; the consideration of adults and children could be better integrated.

- The Chair thanked all for their contributions, and noted that whilst the Board was covering social care effectively, other areas, such as adult learning, fell within the Board's remit.

Action:

- CQC ratings published next week, item for next agenda.

5. Note of the meeting held on 16 September 2009

- This was agreed.