

Health and Adult Social Care Scrutiny Board

15 October 2015

Summary of Matters Considered at the Board

Report of the Chair, Councillor Sandars

The Scrutiny Board met on 15 October 2015, and the following items were considered. I have selected the main points of the discussion which I feel members of the Council will be particularly interested to know more about. For more detail, a copy of the minutes is available on the Committee Management Information System (CMIS) via the Council's website at <http://cmis.sandwell.gov.uk/cmis5/>

1.1 Defibrillators in Sandwell

During a recent meeting between myself and Diane Scott, the Assistant Chief Ambulance Officer for the West Midlands, the location of defibrillators in Sandwell had been discussed. A map showing their location was distributed at the meeting.

I have asked Diane to provide a training session on how defibrillators work and how easy they were to access and I asked members whether this training should be provided to just the Health and Adult Social Care Scrutiny Board or to the Council as a whole in the new year.

Members agreed that the training session should be offered to all Councillors.

1.2 Sandwell and West Birmingham NHS Trust Report on Car Parking

Consideration of this item was deferred to allow the appropriate representatives of the Sandwell and West Birmingham Hospital NHS Trust to attend.

1.3 The Care Act 2014 - Implementation - The impact of the first six months on Adult Social Care in Sandwell

The Board received a presentation from the Divisional Manager, Adult Social Care which highlighted that the Care Act 2014 had been the biggest change to Adult Social care since the National Assistance Act of 1948. Phase one of the 2014 Act had come into force on 1st April 2015, though all aspects of phase two had been postponed until 2020.

The Act set in place a new social care system based on the core principal of the well-being of the individual. The challenges inherent in providing social care to a growing number of people meant that the social care system would need to change to provide more services in the community and in people's homes where this would maximise people's well-being, and therefore should reduce the demand on Health and Social Care.

Members were informed that the progress of the Better Care Fund had been mixed but that initiatives had been put in place to allow change and also that although progress had been made with regard to carers support the uptake for carer's assessments and applications for direct payments had not been as high as had been expected. It was felt that more publicity was needed to heighten awareness. With regard to this information, the Board enquired whether any 'mapping' had been undertaken to identify the type of people who had come forward to actively ask for assistance and it was confirmed that a 'mapping' exercise was currently being undertaken, and a consultation had also been done which showed the public do not know what they are entitled to.

The cost of care was currently uncapped, and it remained a concern that people would potentially have to sell their homes to cover the cost. Phase two of the Act consisted of financial modelling, such as 'the care cap' and deferred payments, which would result in people not having to sell their homes due to the cost of their care. However, in the interim, there might be resource implications for the Authority.

Healthwatch representatives highlighted that the proposed £72,000 cap relating to 2020 had more than doubled since first being mentioned four years ago when it was suggested to be £35,000. If it doubled again in the next four years then the cap could exceed £140,000.

It was an intention of the Care Act to enable carers to have a life apart from caring. This was intended to be possible via the use of low level support, such as volunteers. If further support was needed, like formal respite care, then those carers could forward themselves for assessment. Direct payments were to ensure carers were empowered to finance their own personalised support.

The Scrutiny Board requested that the Divisional Manager, Adult Social Care provide an update on the operation of the Better Care Fund to its meeting scheduled for 21st April, 2016.

1.4 Risk Register

The Board considered the Risk Register review for Quarter 3 and 4 of 2014-2015 and Quarter 1 of 2015-2016 for Adult Social Care. The Divisional Manager, Adult Social Care provided further explanation and commentary in relation to some of the ratings and what was being done to limit the Directorate's and Council's exposure to the risks.

It was agreed that detailed actions plans be emailed for the consideration of members once the next risk register review had been completed and that members would alert officers to any issues which might require further consideration by the Scrutiny Board.

Councillor Paul Sandars
Chair