



Minutes of the meeting of the HEALTH AND ADULT SOCIAL CARE SELECT COMMITTEE held on TUESDAY 07 OCTOBER 2014

Present: Councillors Bramall (Chair), Clancy, I McCall (left at 7.10 pm), McKenzie (from 7.14 pm), Morla, Priestley, Webb, P Williams and P Lewis (Healthwatch MK Representative)

Officers: S Joyner (Service Director Adult Social Care and Health Partnerships), M Hancock (Assistant Director [Joint Commissioning]), V Collins (Assistant Director [Older People and Physical Disability Services/ Care Act Lead]), T Chapman (Senior Joint Commissioner (Mental Health)), E Richardson (Overview and Scrutiny Officer)

Witnesses: J MacPherson (Rethink), S McNay (MIND BLMK), K Mangan (Pohwer), J Macintyre and M Jacobs (Richmond Fellowship), P Groom (Home Group) - **HASC09**

Also Present: Councillors Bint, A Geary, Long, Miles, O'Neill, Alderwoman J Lloyd (Older Persons Champion) and 8 members of the public

HASC07 MINUTES

RESOLVED -

That the Minutes of the Select Committee meeting held on 15 July 2014 be approved and signed by the Chair as a correct record.

HASC08 CHAIR'S URGENT ITEM

Councillor Bramall raised an urgent recommendation based on what she considered to be the strength of public feeling following his resignation as Mayor, about Councillor Shafiq's position on the Committee, which had statutory duties in relation to health and social care. She was particularly concerned about the role the Health and Adult Social Care Select Committee would need to play in scrutinising the Strategic Review of the Provision of Healthcare Services in Milton Keynes currently being carried out by the Milton Keynes Clinical Commissioning Group and the NHS England Area Team. She expressed her concern as Chair, that Councillor Shafiq's position had been undermined and therefore requested the Committee to consider whether his appointment should be referred back to full Council on 22 October 2014.

Councillor I McCall spoke against the recommendation and supported Councillor Shafiq's position on the Committee. She said that Councillor Shafiq, like the other two councillors involved in the incident, had apologised in full for his error of judgement and that he was fully supported by the Liberal Democrat Group on the Council. She felt that the motion was vindictive and unnecessary.

However, Councillor Bramall disagreed with the adequacy of Councillor Shafiq's apology. Her group had accepted the apologies of Councillors S Burke and McKenzie as being sincere but felt that Councillor Shafiq's apology had been inadequate.

Councillor A Geary, on behalf of Councillor Bald, Leader of the Conservative Group, also spoke in favour of the recommendation put forward by Councillor Bramall.

No other councillors spoke on this item.

The Chair requested that the vote on the recommendation be recorded.

RESOLVED -

1. That this Committee deems the appointment of Councillor Subhan Shafiq to the Health and Adult Social Care Select Committee to be inappropriate, in light of the serious lapse in judgement he showed in supporting the application of a taxi driver who had been convicted of rape and other crimes.
2. That as this Committee is a statutory committee and is going to play a pivotal role in the future of health care provision for this city over the next 12 months, it has a responsibility to the people of Milton Keynes to ensure they trust in the work it does. This Committee therefore feels that the appointment of Councillor Shafiq to the Committee could affect its ability to do this.
3. That this Committee agrees that the appointment of Councillor Shafiq be referred back to full Council so that Councillor Douglas McCall, Leader of the Liberal Democrat Group, can reconsider the appropriateness of the appointment.

For: 3

Against: 1

Abstentions: 4

2 Absentees

**HASC09 PROVISION OF MENTAL HEALTH SERVICES BY THE
COMMUNITY AND VOLUNTARY SECTOR**

The Council's Senior Joint Commissioner (Mental Health) introduced the item, describing how mental health problems affected people's

lives, the recovery process, the context of mental health provision in the voluntary sector and how it related to the Council's Mental Health Strategy.

The Committee then received a joint presentation from MIND (Luton, Bedford and Milton Keynes), Rethink, the Richmond Fellowship, POhWER and Stonham, who between them provided a range of mental health services in the community / voluntary sector.

The presentation provided the Committee with a good understanding of what the voluntary sector provided and how it interlinked with the provision of more mainstream services. In the past the voluntary sector had been viewed as well-meaning amateurs but this relationship was changing. There was a growing sense of partnership between the Council and the voluntary sector, with the Council involving representatives from the voluntary sector in policy development.

Apart from outlining the services provided by their organisations, the presenters also included supporting case studies and statements from service users.

During the presentation and the following discussion the Committee noted that:

- The Council's Health and Wellbeing Strategy recognised the need for early intervention and help for people developing mental health problems. There were now strategies in place to facilitate this, which were not there 3 years ago;
- MIND had developed a Mental Health First Aid course, teaching people about mental health and how to support people with mental health issues, which they were taking into the community;
- It was recognised that working with families, not just individuals, was vital, as proper support for families made a real difference to how people were able to manage their mental health;
- In the past access to mental health services had been poor but it was now improving. Although there was still a waiting list for 1-2-1 therapies group meetings were now being held on a regular basis;
- There had been gaps in advice and information but MIND were developing a new website for the Milton Keynes area which should provide advice and direction for both service users and mental health care professionals;
- There were varying levels of expertise among local GPs in diagnosing and developing care plans, which needed time and resources to be successful, for patients with mental health problems. Voluntary sector groups were trying to work with GPs to alert them to what help and services they were able to provide;

- Although most of the work done in the voluntary sector was with adults, the organisations represented also provided youth services, particularly counselling;
- There was a recognised gap in the in the provision of mental health services to Black, Minority, Ethnic (BME) communities. At present, there were no accurate figures about the need for mental health services within the BME community and work was being done with the Council's Public Health Team to gather this information.

The Committee would have been interested to hear first-hand from service users, but acknowledged that personal mental health experiences were a difficult subject to discuss in public.

Councillor Long, Cabinet Member for Health, Wellbeing and Community Services, confirmed that the continuing provision of mental health services by the voluntary sector was sacrosanct to the current Administration.

RESOLVED -

That the Committee acknowledged the importance of the voluntary sector in the provision of mental health services in Milton Keynes, thanked those present for their time in attending the meeting and wished them well in their future endeavours.

HASC10

CARE ACT 2014

The Council's Assistant Director (Older People and Physical Disability Services/ Care Act Lead) was leading on the Council's preparations for the implementation of the new Care Act in April 2014. She advised the Committee that the final regulations had not yet been published; they were due out on 15 October 2014. No great changes to what was already known about the content were expected. Wellbeing was a core tenet of the new act, which was taking a much more holistic view of people's welfare.

Financial modelling for 2015 appeared to be reasonably straightforward and transparent and was supported by the Better Care Fund. Work was being done on further financial modelling by the Department of Health for 10 years from 2016. However, there was no clarity yet as to how this would be funded.

The Council had recently carried out formal consultation about charging for services delivered directly to users, such as respite care or sitting services. Currently, there were no charges to carers for the services supplied to them and there were no plans to do so. The Council already had a wide offer to carers and did not think that there was a large, unmet need in Milton Keynes at the moment. Targeted support to carers was being delivered by Carers MK.

There were currently 500 self-funders in the residential care system in Milton Keynes and was it hoped that from 2015 they would all

come to the Council for their care. If not, the Council had plans to go to them and was working towards a 100% take up of the offer.

There were approximately 950 self-funders in other parts of the system and these were much harder to reach.

Modelling the anticipated demand from carers was very tricky and the Council was working with Carers MK and other voluntary sector groups to identify carers.

From 2015, local authorities would also have an obligation to provide adult social care services in prisons. HMP Woodhill was a Category A prison and provision there would need to be very specialised and delivered by highly trained staff; it would not be a domiciliary care service.

The eligibility criteria for care services were set nationally but were open to interpretation eg washing, feeding, getting out of the house were all considered to be a substantial need by Milton Keynes Council, although other local authorities may take a different approach. The Council was also taking a wider look at prevention strategies which could delay an individual's future need for care.

Personal budgets meant that the Council could be transparent with service users about each individual's costs and what the local authority was spending on them.

Service users could be given their allocated personal budget to commission services themselves. However this did need monitoring to ensure that the commissioned care was safe, effective and suitable for the person's needs. Alternatively service users could opt for a Managed Personal Budget where the Council commissions care on their behalf. Some service users used a mixture of the different budget plans.

RESOLVED -

1. That the Assistant Director (Older People and Physical Disability Services/ Care Act Lead) be thanked for her presentation.
2. That the Committee appreciated the Council's simple, but consistent, approach to the delivery of care services.
3. That the Committee considered that it was important for service users to be involved in future service planning to ensure that services meet their needs and that they have a way of feeding back any concerns about service provision.

HASC11

REPORT OF THE 2014 QUALITY ACCOUNTS PANEL

Peter Lewis, the Healthwatch MK representative on the Committee introduced the report and gave an outline of the work done by the Quality Accounts Panel. He explained that Quality Accounts were annual reports to the public from providers of NHS Healthcare

services about the quality of their services which had to be submitted to their local authority's Health Scrutiny Committee for appraisal and comment each year.

The Committee noted that due to the now regular scrutiny being carried out by the Quality Accounts Panel, there was a marked year on year improvement in the clarity and readability of the reports and their accessibility to the lay reader.

The Quality Accounts Panel was not obliged to review every quality account it received and generally reviewed a sample selection, although it did always consider the accounts of major healthcare providers such as Milton Keynes Hospital and the Community Health Service.

The Committee noted that there was now much more willingness from healthcare providers to attend meetings of the Quality Accounts Panel and engage with the Panel on points of clarification and where improvements could be made.

RESOLVED -

That the 2014 Quality Accounts Panel be thanked for their work and that the 2014 report be received and noted.

HASC12

WORK PROGRAMME 2014/15

RESOLVED –

That the proposed Work Programme for the remainder of 2014/15 be noted and that the Committee's Planning Group be delegated to make changes to the 2014/15 Work Programme if appropriate.

THE CHAIR CLOSED THE MEETING AT 9.43 PM