

**Overview and Scrutiny Committee – 11<sup>th</sup> January 2010**  
**Q 'N' A: Cabinet Member for Adult Social Care and Wellbeing**

No	Page/ Point	Question/Observation	Answer (Where applicable)
<b>Questions from Councillor Winskill</b>			
1	P1 – personalisation programmes	What percentage (where appropriate) of Adult Services clients now have a personalised programme? Please provide a review of the main issues and challenges apparent in the three pilot programmes.	<p>We have 420 users of adult social care in receipt of self-directed support in total at this point in time. (percentage requested) out of a total of- 3878 adult social care users- percentage = 10.8%</p> <p>The three main challenges at this point in time can be summarised as:</p> <p>Preventing the need for long term self directed support by investing in and providing 4-6 weeks of ‘reablement’ for all those discharged from hospital who may need the service and for all those in crisis at home who may need it;</p> <p>Implementing self directed support across all service user groups at the beginning of the financial year 10/11 to enable the National Targets to be met ; and</p> <p>Providing sufficiently wide choice of services so that service users can exercise choice and control over the use of their personal budget and be provided with services by staff trained to accept and respond to service users self directed support plans.</p>
2	P1 Carers Partnership Board	Please provide a list of members of this body.	<p>Cllr Antonia Mallett; Cllr Catherine Harris (Chair); Cenk Orphan; Claudette Christie; Colleen Fiffie; Faiza Rizvi; Jackie Pickup; Jo Cahill; Kate Coupe; Luciana Frederick; Mina Patel; Nick Bishop; Olive Taylor; Pamela Pemberton; Robert Edmonds; Souad Akbur; Susan Otiti; Angela Umeh; Brudunnisha Mansoor; Ceidre Culverwell; Chand Matabdin; Cleo Campbell; Freda Wilson; Gabriel Lock; Gloria Myers; Ifeoma Akubue; Margaret Dain; Mary O’Leary; Marylyn Duncan; Narendra Shah; Patricia Charlesworth; Ray Churchill;</p>



Haringey Council

			Regina Fleming; Theresa Pierre; Carmel Keeley.
3	P2 NHS leadership meetings	Please indicate the main areas that are currently under discussion.	Further opportunities for joint working, integration and possible alignments and in particular those opportunities which afford improved quality and streamlined service delivery and increased efficiency and best use of resources; joint strategic planning, commissioning and operational matters such as Winter resilience, Swine Flu etc.; budget (micro and macro); performance; joint policy agendas such health inequalities agenda; working on joint agendas such as reducing delayed discharge from hospital, reablement, rehabilitation and NHS continuing care.
4	P2 delayed transfers of care	How many clients fall into this category?	National indicator NI 131 (Delayed Discharges) 14.7 for the month of November 2009 (latest figure)
5	General – Continuing care	In December’s pre-Budget statement, the Chancellor announced changes to continuing care and indicated that his initiatives would be funded out of existing resources. Please provide us with any details you have about what the implications are for existing clients of Adult Services and how services might have to be shaped in the future.	Please see the attached briefing – Annex 1 NB I took ‘continuing care’ as meaning Free Personal Care. If this is incorrect, then I apologise.
6	General Pre-Christmas snow	Please indicate the added pressures this weather brought and tell us how Adult Services responded. What liaison was there between Environmental Services on the matter of pavement gritting? Were any requests made to have pavements gritted in the vicinity of sheltered units? How were priority clients identified and supported?	Robust planning took place with all relevant directorates and key partner agencies: the NHS (Winter resilience planning), environmental health, housing etc.). There was effective liaison between environmental and adult services on the subject of ‘pavement gritting’ and in the vicinity of sheltered units. Priority clients and service users were prioritised in the usual manner, for example by consulting with their informal carers, partner agencies, care plans and emergency care plans, as appropriate. We have a ‘duty’ service that runs from 0900-5PM Monday to Fridays and a 24 hours, 365 days a year emergency duty social work and community alarm service.