

## Scrutiny - Cooperative Scrutiny Reviews

Wednesday 2 and Thursday 3 July 2014

### PRESENT:

Councillor Aspinall, in the Chair.

Councillor James, Vice Chair.

Councillors Bridgeman, Dr. Mahony, Mrs Nicholson and Parker.

Also in attendance: Councillor Tuffin – Cabinet Member for Health and Adult Social Care, Councillor Peter Smith – Deputy Leader, Carole Burgoyne – Strategic Director for People, Dave Simpkins – Assistant Director for Co-operative Commissioning, Linda Torney – Assistant Head of Legal Services, Joan Bird – Project Manager, Ann Thorp – Service Manager, Craig Williams – Interim Director for Integrated Health and Wellbeing, Nicola Jones – Commissioning Lead NEW Devon CCG, Jerry Clough – Chief Operating Officer and Managing Director NEW Devon CCG, Judith Harwood – Assistant Director for Education, Learner and Families, Ross Jago – Lead Officer and Amelia Boulter – Democratic Support Officer.

The meeting started at 10.00 am and finished at 3.00 pm.

*Note: At a future meeting, the committee will consider the accuracy of these draft minutes, so they may be subject to change. Please check the minutes of that meeting to confirm whether these minutes have been amended.*

### 1. DECLARATIONS OF INTEREST

In accordance with the code of conduct, the following declarations of interest were made –

Name	Subject	Reason	Interest
Councillor Mrs Aspinall	Minute 3 – Fairer Charging	Receives Disability Living Allowance	Private
Councillor Bridgeman	Minute 3 – Fairer Charging	Son receives Disability Living Allowance	Private

### 2. CHAIR'S URGENT BUSINESS

There were no items of chair's urgent business.

### 3. FAIRER CHARGING POLICY

Councillor Tuffin, Cabinet Member for Health and Adult Social Care reported that the driver for this policy was fairness, fairness to taxpayers, services users and the local authority. It was reported that some services users were charged for their care and some weren't. This was a needs led service, for example, if a person moved into Plymouth and required a package of care this would have to be provided by the local authority.

Dave Simpkins, Assistant Director for Co-operative Commissioning provided the panel with a presentation on Fairer Charging. It was highlighted that charging for non-residential services was discretionary. There was no statutorily defined procedure for assessing non-residential charges and Section 17 of the Health and Social Services and Social Security Adjudications Act 1983 (HASSASSAA) enables local authorities to recover such charge (if any) for a service as they consider reasonable.

Non-residential services include -

- Day care;
- Personal care at home;
- Home care;
- Supported living;
- Direct payments;
- Respite for the carer – up to 28 days;
- As well as a range of individually commissioned services to meet an individual service user's needs.

It was also reported that –

- the Council's new Fees and Charges policy reflects the Corporate Plan objective that Plymouth is a Fairer City where everyone one does their bit;
- It has as a general principle that every service user should make a contribution towards the cost of their service provision with the charging being based on the ability to pay;
- Charging should promote fairness between different service users and promotes independence and social inclusion;
- Care related benefits should be used to pay for care costs to meet needs and maintain independence.

They undertook a consultation and questionnaires were sent to service users and drop in events were held across the city. This was one of the largest consultations undertaken with over 1,100 surveys returned.

In response to questions raised, it was reported that -

- (a) they were in the process of producing an information sheet to distribute carers and users on the changes;

- (b) staff were competent to undertake their roles and were all trained on the changes to help maximise the benefits for individuals;
- (c) they had tried to be inclusive of all groups and always work with advocates or family members when meeting with people with disabilities or mental health problems;
- (d) for those individuals aged 16 to 25 years with special needs would be provided with a care plan to help with the transition from childhood into adulthood;
- (e) when applying the percentage they took into account individuals varying levels of need and felt that 30 percent was about right for the disregard. The local authority has serious budgetary issues and they wanted a figure that was fair and equitable for all service users. They were seeing a significant increase in the complexity of people's needs and had to manage this in terms of finance and felt that £1.2 m was justifiable;
- (f) for those individuals who experience difficulties with making payments officers would work closely with those individuals on the reasons why they cannot pay and provide advice on budgeting skills. It was reported that no civil action had been used to collect outstanding payments.

Agreed that Caring Plymouth fully supported and commend the following recommendation to Cabinet -

To agree the proposed fairer charging policy as submitted which takes into account 70 percent of Disability Living Allowance, Attendance Allowance and Severe Disability Allowance as income, with the remaining 30 percent being disregarded to cover additional disability related expenditure. The proposal includes the ability for individuals to request an assessment and provide evidence of their disability related expenditure if they consider that their expenditure is greater than the equivalent of the 30% disregard.

Caring Plymouth also made the following recommendations and agreed that-

1. a review of the Fairer Charging Policy is undertaken every 6 months over the next 2 years;
2. Cabinet should consider that through the Fairer Charging assessment process, whole household Benefits Assessments should be offered to ensure maximisation of benefits is taken up;
3. information around the Care Act to be provided to the panel with a possible joint review with Ambitious Plymouth on how the Care Act will impact on young people moving into adulthood;

4. the panel support the £1.2 m in income from Fairer Charging to reduce the £2.2m deficit within Adult Social Care;
5. through the assessment process for people with learning disabilities ensure that an adequate advocacy service is in place.

The panel felt assured that the consultation process was undertaken appropriately and that the Fairer Charing Policy is fair and equitable.

(Councillor Mrs Nicholson was not present for this item).

#### 4. **INTEGRATED COMMISSIONING**

Carole Burgoyne, Strategic Director for People reported that Integrated Commissioning was a fundamental change in how the council moves forward. This was a joint programme between the Plymouth City Council (PCC) and NEW Devon Clinical Commissioning Group (CCG). They were looking to move to a position to care for people throughout their lives and look at the whole person in a person centred approach. Commissioning was the building block to this with the need to focus on the governance arrangements and due diligence.

In response to questions raised, it was reported that –

- (a) the co-location of NEW Devon with Plymouth City Council at Windsor House had helped the discussions on integrated commissioning and they needed to work more on the detail for the cost benefits for both organisations;
- (b) they had looked at and identified a number of resources to be pulled together and identified what the costs would be. They were also working with the finance teams on the costs and would be in a position to proportion the savings;
- (c) they would be looking at existing contracts to determine what we stop and what we continue with. They were looking at £400k savings to be made by the end of this financial year;
- (d) the CCG were having face to face meetings and sharing information with staff on the changes. They were fully aware that some staff would embrace the changes and some staff would feel threatened. This was a similar story for PCC. There was engagement with the Trade Unions.

## Impact of the Care Act

It was reported that this was an update on reforming legislation which not changed since 1948. Key duties are –

- clear partnership;
- duty to promote an individual wellbeing – whole person care;
- assessment of carers and provide services to carers;
- provision of advice and information;
- safeguarding adults to become statutory like children's safeguarding.

Agreed that Caring Plymouth fully support and commend the following recommendations to Cabinet –

In order to meet the challenges facing the health and care system it is recommended that NEW Devon Clinical Commissioning Group and Plymouth City Council follow a road map towards integrated commissioning by formally approving the following steps -

1. Plymouth City Council to review all commissioning activity across The People Directorate and Office of the Director for Public Health and establish a single co-operative commissioning unit ahead of integration;
2. Plymouth City Council works collaboratively with NEW Devon CCG to achieve the first stage of an Integrated Commissioning Function by March 2015;
3. Plymouth City Council works with NEW Devon CCG to develop a section 75 agreement(s) by the end of March 2015 to pool budgets based around:
  - 3.1 Wellness;
  - 3.2 Community Based Care;
  - 3.3 Complex / Bed Based Care (excluding acute).
4. Plymouth City Council works with NEW Devon CCG to develop single commissioning strategies based around the above.

Recommendations 3 and 4 are subject to further Plymouth City Council and NEW Devon CCG Governance Approvals prior to implementation in November 2014.

(Councillor Mrs Nicholson and Dr Mahony were not present for this item).

## 5. **INTEGRATED COMMUNITY HEALTH AND SOCIAL CARE DELIVERY**

Dave Simpkins, Assistant Director for Co-operative Commissioning provided the panel with a presentation. It was reported that integrated service delivery would join up services to meet the needs of an individual and that it would be more appropriate to join up with a community health provider rather than the hospital because people would rather be at home than in hospital. It was also reported that -

- (a) there was overwhelming support for a fully integrated structure pulling together into one single entity;
- (b) partners had shown a real commitment to make this work with the vision of giving people the right care, in the right place and the right time and also about saving money. There was a need and circumstance to take this forward as a course of action;
- (c) over the last 3 years Plymouth City Council and New Devon CCG had laid out a vision and were setting the direction of travel, the delivery, bringing staff groups together, deliver better services and make efficiencies from bringing people together. This was a the big step;
- (d) this was the glue that helps the acute and community work more effectively together to help deliver a much better services. This gives us the platform to meet the increasing demand and we are ready to do this.

In response to question raised, it was reported that -

- (e) Health Education SW links all of the workforce development planning both regional and national and was high on the agenda for Plymouth on how we equip our staff for the future. They were currently undertaking work on professional capabilities with the University of Plymouth to raise awareness of our direction of travel;
- (f) in Adult Social Care they were undertaking a skills analysis of staff and looking at social workers, occupational therapists, support planners to be completed in next 4 to 6 weeks. This would give a clear view of the skills set for the future;
- (g) whilst they were not including GPs as a single entity there might a time when community care and primary care join together. The commissioning for GPs was undertaken by NHS England;
- (h) the Care Act would be providing assessments to carers in their own right. Carers also had needs and they were already responding to requests from carers. The new legislation makes it more explicit that the local authority would provide an individual assessment for carers and provide a package for carers as and when necessary. There were a number of activities for young carers taking place across the city;

- (i) early intervention and measuring outcomes on how to improve people's health and looking at how get people to take control and manage their own health.

Agreed that Caring Plymouth fully support and commend the following recommendations to Cabinet –

Public Services are facing challenges from rising demand, increased complexity and financial pressures. To address these concerns and improve outcomes for service users and patients, Plymouth City Council and NEW Devon CCG propose to integrate health and social care services.

The recommendations drawn from the analysis are:

1. Plymouth City Council to work with NEW Devon CCG to develop a Section 75 agreement that pools relevant Adult Social Care and CCG budgets to facilitate the creation of a single community health and social care delivery model.
2. Plymouth City Council to work with NEW Devon CCG to develop robust governance, contractual and financial systems that provide appropriate assurance to both organisations.
3. Plymouth City Council works with NEW Devon CCG and Plymouth Community Healthcare (PCH) as the incumbent local community health provider, on developing and evaluating options for the integration of Community Health and Adult Social service delivery in the City by April 2015.
4. To consult with staff, unions and stakeholders in developing the new service model.
5. The final position to be presented to Cabinet and NEW Devon CCG Governing Body in November 2014 for decision.

(Councillor Dr Mahony was not present for this item).

6. **EXEMPT BUSINESS**

There were no items of exempt business.