

JOINT COMMITTEE FOR OVERSIGHT OF JOINT WORKING

Minutes of the Meeting held

Wednesday, 11th November, 2015, 4.00 pm

Councillor Vic Pritchard	Bath & North East Somerset Council
John Holden	B&NES CCG Chair of Audit Committee
Councillor Michael Evans	Bath & North East Somerset Council
Councillor Brian Simmons	Bath & North East Somerset Council
Sarah James	NHS B&NES

Also in attendance: Jane Shayler, Ashley Ayre, Mike Bowden and Tracy Cox.

23 **EMERGENCY EVACUATION PROCEDURE**

The Chairman drew attention to the emergency evacuation procedure.

24 **WELCOME, INTRODUCTIONS AND BRIEFING TO NEW MEMBERS ON THE ROLE OF THE COMMITTEE**

The Chairman welcomed everyone to the meeting.

Tracey Cox gave a brief presentation on the role of Committee. She said that she thought this would be helpful in view of the change of membership of the Committee following the Council elections in May. A copy of her PowerPoint slides is attached as Appendix 1 to these minutes.

She explained that the joint working arrangements between the Council and the CCG dated back to 2006. The relationship between the two sides was underpinned by a joint working framework. When the CCG came into being in April 2013, a review was undertaken to review and refresh the joint working arrangements. An agreement set out the scope of the joint working between the two organisations, which covered Adult, Children's and Public Health Services and also set out the scope of a number of pooled budgets. It also described the section 256 agreement, and the section 113 agreement whereby Council staff could carry out responsibilities on behalf of the CCG and vice versa. The extent of joint working had been increased this year, through the establishment of a mental health pooled budget and the Better Care Fund, which had a budget of about £12m. Reports on the Better Care Fund had been made to the Health and Wellbeing Board.

The Committee had been established to oversee the partnership agreement, in particular the pooled budgets, and to review annually whether things were working as intended. The Committee was supposed to meet twice a year in May and November. The May meeting had been used to examine how the pooled budgets had worked. There had been no May meeting this year because of the elections.

Tracey drew attention to the Committee's Terms of Reference, which had been

circulated with the agenda, and invited members to consider whether they were still fit for purpose.

25 **APOLOGIES FOR ABSENCE AND SUBSTITUTIONS**

Apologies were received from Dr Ian Orpen.

26 **DECLARATIONS OF INTEREST**

There were none.

27 **MINUTES - 3RD NOVEMBER 2014**

The Committee confirmed the minutes of the previous meeting as a true record.

Matters Arising

Page 2, Item 18 (Financial Outturn 2013/14), paragraph 5: “placements cannot be refused as they are part of a statutory service”: the Chair asked for clarification of this in relation to budget controls. Jane Shayler explained that if a client had undergone assessment and statutory needs had been identified, then there was a statutory obligation to provide an Adult Social Care package. There was, however, some flexibility as to the way in which care could be provided. She said that while there was a commitment to providing personalised services, in future the extent to which clients could select their own care provider and the specific means by which their needs were met might have to be limited.

Page 3, Item 19 (Performance Highlights, paragraph 3: “There was some discussion around recycling equipment”: The Chair asked for clarification.

Jane Shayler explained that as much care equipment as possible was recycled, but recycling was not always cost-effective; equipment was sometimes specifically designed for a client’s home and could not always be transferred to another property cost-effectively. Equipment was increasingly high-tech, such as special beds for clients. Some clients had complex needs. There was a shorter process for approving minor items of equipment with relatively low cost.

Councillor Brian Simmons commented that equipment, such as walking frames, had been sometimes spotted in skips. Jane Shayler said that equipment was reused if at all possible, subject to cleaning and testing. There is a stock control system recording all equipment loaned by the Council and the CCG. It might be that the walking frames and other equipment seen in skips had been privately purchased or provided by another organisation and it would be potentially unsafe to try and recycle such equipment.

John Holden said that the difficulty of recalling the nuances of the meeting held last November prompted him to wonder about the frequency of meetings. The May meeting had been cancelled because of the elections, which would obviously not happen every year. He felt that a Committee that met only once a year might as well not meet at all. Two meetings might be sufficient, but he suggested that it was worth considering whether the Committee should meet three times a year. After discussion between members and officers it was agreed that the Committee should meet next

May as planned, when the frequency and timing of meetings could be reviewed if felt to be necessary.

28 OVERVIEW OF INTEGRATED COMMISSIONING ARRANGEMENTS IN B&NES (PRESENTATION)

It was agreed that this item would be taken together with Agenda Item 8, as they were closely related.

29 PERFORMANCE HIGHLIGHTS AND FINANCIAL OUTTURN

Jane Shayler introduced this item.

She said that in 2014/15 a balanced budget had been achieved, though some money had been moved between different budget headings to reflect specific pressures. The Council and CCG make additional contributions to off-set pressures in the Learning Disabilities Pooled Budget (section 3.1 of the report). Contributions were made on a proportionate basis to reflect the respective, proportionate contributions by the Council and CCG. These contributions were held outside of the pool and treated slightly differently by the Council and CCG to reflect differences in accountancy/financial planning approaches. Some funding transferred under a section 256 arrangement by the CCG to the Council to offset pressures in social care had been utilised to fund specific pressures.

Sarah James explained how funding had been reallocated. John Holden commented that this had worked so far, but it would not be possible to continue it for ever, so some very tough decisions would have to be taken about priorities.

Ashely Ayre said that there were increasing pressures on the health and Council budgets. More people are living longer, had increasingly complex needs, and were dependent on publicly-provided services. There were, for example, children with multiple health conditions being taken to school in ambulances. The issue of how choice could be afforded had to be addressed. The costs of providing services to those with statutory needs will continue to grow and could, eventually, account for the whole of the Council budget if new approaches to meeting health and care needs cannot be found.

Jane Shayler said that there would come a point it would have to be asked whether an individual's choice of a particular form of support could be afforded. A package of support for one individual could cost £250,000. A decision might have to be made, for example, that a particular care package for keeping someone in their own home could not be afforded, and that their needs could be met by placing them in a nursing home. There was great benefit in preventative services, which could be effective in the long term, though very difficult to measure. The danger is that the increased cost of meeting present, urgent, statutory, needs would mean that there was less to invest in prevention.

Councillor Brian Simmons asked about older people. Jane Shayler said that older people in the area were living longer and maintained their independence for longer than average, as was generally the case throughout the south of the country.

John Holden said that while the recommendation was simply to note the report, what had emerged from the discussion was that the Council and the CCG had to be clear about the extent to which individuals can be given a wide range of choices about both care setting and provider. It was agreed that this is an area of policy that both the Council and the CCG will need to consider carefully and engage with both decision makers and the public to work through what is a reasonable and sustainable policy in relation to individual choice and control.

Jane Shayler advised that there are already controls in place, including a quality assurance and audit function along with a panel process, chaired by senior managers in the CCG and Council to agree placements and packages of care above a threshold. Practitioners presenting the case to panel provide information on the individual's needs assessment and costed options for meeting that need. The practitioner assessment and the advice given to individual and any family members does have a big influence on the proposed package or placement and, therefore, on the Council's commissioning budgets. Changes in policy on choice do, therefore, need to be supported by training and development to support practice change.

Councillor Brian Simmons asked about what happened when care homes went bankrupt, as had happened in the case of homes run by Southern Cross Healthcare. Jane Shayler referenced recent reports in relation to Four Seasons Care, which is the largest provider of care homes and is reported to have financial difficulties. In this instance, with a provider of 20,000 care home placements across the Country, contingency plans are likely to focus on financial recovery as it would not be possible to relocate 20,000 vulnerable individuals to alternative care homes as there is insufficient supply to do so. In the case of the failure of a smaller care provider, plans – particularly where there are concerns about quality/safety of care, the Council and CCG works together to support planned moves and/or ensuring continuity of care. Locally, in the case of Four Season, contingency planning is taking place but at this early stage, there is no immediate need to mobilise such plans.

Asked about transfer of funding responsibility from another Local Authority area, Jane confirmed that there is a mechanism, "Ordinary Residence" by which one LA becomes responsible for funding the care of an individual placed by another LA. In such a case B&NES would assume responsibility for the costs. Some level of movement between areas is normal, though some Local Authorities have a proactive policy of moving people to other areas as a way of managing their costs.

RESOLVED:

1. To note the 2014/15 financial outturns on the partnership budgets.
2. To note the 2015/16 finance and performance update.

30 **YOUR CARE, YOUR WAY - DISCUSSION RE OPPORTUNITIES FOR FURTHER INTEGRATION OF COMMISSIONING ARRANGEMENTS (PRESENTATION)**

Tracey Cox spoke about integrated commissioning and Your Care, Your Way. She said that in accordance with the joint working arrangements there was a Joint Commissioning Committee which meets once a month and considers decisions and

issues relating to commissioning. This was attended by Jane Shayler, Mike Bowden, Sarah James, Ashley Ayre and herself and other members of the CCG Board. There was also a monthly joint commissioning team meeting which briefed commissioning teams on issues in order to assist them with co-ordination and joint planning. There were some joint commissioning posts, particularly in relation to adult services, where such arrangements have been in place for a number of years. Other areas of joint commissioning are less well developed. There was also co-location of some Council and CCG staff at St Martin's. Efforts were made generally to align commissioning intentions and strategy as far as possible. Integrate commissioning led naturally to integrated provision of services manifested most strongly in the tripartite agreement between the Council, CCG and Sirona for integrated community health and social care.

Your Care, Your Way had a broader scope in relation to the provision of integrated services across the community. For both the Council and the CCG it was likely to become the focal point for creating sustainable services in the future. Following a recent consultation, a business case would be presented to the Council Cabinet and CCG Board in early December. This would illustrate that this was the joint direction of travel in relation to community services in terms of outcomes-based commissioning and a greater focus on a personalised approaches for those in self-care. In line with the national direction of travel, there was scope and potential to go further in relation to joint health and Council budgets. There was potential to fully integrate the health and social care budget in B&NES and further opportunities for sharing structures, roles and responsibilities. A joint Council and CCG half-day would take place on 12th November at which many of these issues would be discussed. Governance arrangements and the management of risk were more difficult areas. There were good foundations to build on and further progress was possible.

The meeting ended at 5.20 pm

Chair

Date Confirmed and Signed

Prepared by Democratic Services

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