

## HEALTH AND WELLBEING SELECT COMMITTEE

### Minutes of the Meeting held

Wednesday, 25th January, 2017, 10.00 am

Councillor Francine Haeberling (Chair)-	Bath & North East Somerset Council
Councillor Geoff Ward -	Bath & North East Somerset Council
Councillor Paul May -	Bath & North East Somerset Council
Councillor Eleanor Jackson -	Bath & North East Somerset Council
Councillor Lin Patterson -	Bath & North East Somerset Council
Councillor Dine Romero (in place of -	Bath & North East Somerset Council
Councillor Tim Ball)	

**Also in attendance:** Mike Bowden (Strategic Director, People & Communities), Jane Shayler (Director, Integrated Health & Care Commissioning), Dr Ruth Grabham (BANES CCG), Charlotte Matthews (Public Health), Alex Francis (Healthwatch) and Wendy Sharman (Transformation & Strategic Planning Manager)

Cabinet Member in attendance: Councillor Vic Pritchard, Cabinet Member for Adult Social Care & Health

#### 62 WELCOME AND INTRODUCTIONS

The Chair welcomed everyone to the meeting.

#### 63 EMERGENCY EVACUATION PROCEDURE

The Chair drew attention to the emergency evacuation procedure.

#### 64 APOLOGIES FOR ABSENCE AND SUBSTITUTIONS

Councillors Tim Ball and Bryan Organ had sent their apologies to the Select Committee. Councillor Dine Romero was present for the duration of the meeting as a substitute for Councillor Tim Ball.

#### 65 DECLARATIONS OF INTEREST

Councillor Paul May declared an other interest as he is a non-executive Sirona board member.

#### 66 TO ANNOUNCE ANY URGENT BUSINESS AGREED BY THE CHAIRMAN

There was none.

67 **ITEMS FROM THE PUBLIC OR COUNCILLORS - TO RECEIVE DEPUTATIONS, STATEMENTS, PETITIONS OR QUESTIONS RELATING TO THE BUSINESS OF THIS MEETING**

There were none.

68 **MINUTES - 30TH NOVEMBER 2016**

Councillor Eleanor Jackson advised the Democratic Services Officer that the word 'practice' had been incorrectly spelt within Minute 51 (Clinical Commissioning Group Update).

The Select Committee confirmed the minutes of the previous meeting with this amendment as a true record and they were duly signed by the Chair.

69 **CLINICAL COMMISSIONING GROUP UPDATE**

Dr Ruth Grabham addressed the Select Committee. A copy of the update can be found on their Minute Book and as an online appendix to these minutes, a summary of the update is set out below.

**A&E performance**

Local system performance against the A&E waiting time target (95 per cent of attendees to be seen within four hours) was 81.3 per cent in November against a trajectory of 90.5 per cent and 86 per cent for December against a target trajectory of 91 per cent.

The local health and care system maintained relatively good performance between the Christmas and New Year period delivering 86.3 per cent for week ending 1 January 2017. However since then there has been extremely high demand and this is putting local health and care services across the area under significant pressure.

Some non-urgent hospital appointments and operations have been rescheduled and extra staff have been deployed to the emergency department and hospital wards. Extra beds have also been made available in care homes so frail elderly patients can be discharged from hospital more quickly. The maternity beds at Paulton Birthing Centre have also been temporarily closed to accommodate patients who have been discharged from the RUH but are not yet well enough to return home or to another care setting.

**Sustainability and Transformation Plan update**

The Bath and North East Somerset, Swindon and Wiltshire (BSW) 'Emergent Sustainability and Transformation Plan' was published on 14 December 2016 setting out how health and care organisations across the 'footprint' plan to work together in new ways to improve our local population's health and wellbeing, improve the quality of services and ensure financial sustainability.

There are plans for launching a period of engagement with patients, carers and other stakeholders to support the further development of STP proposals - this is due to begin in February.

## **2017/18 Operational Plan**

The CCG submitted its two year operational plan for the period 2017/18- 2018-19 to NHS England on the 23 December in line with the nationally set deadline. The CCG's Operational Plan is a detailed document that assures NHS England of our delivery plans against the nationally mandated "nine must dos".

## **Delegated Commissioning**

The CCG submitted its application to take over responsibility for commissioning of primary care services from NHS England on 5 December 2016. The decision was supported by our member practices with a 96 per cent turn out and 83 per cent of practices voting 'yes'. We will announce the outcome of our application very shortly.

## **Engagement on stopping two groups of over-the-counter medicines (OTC) and gluten-free prescribing**

We undertook a period of engagement between 26 November – 21 December on our proposals to stop prescribing of gluten-free products and two groups of over-the-counter medicines to treat minor ailments (pain killers and anti-histamines). The outcome of the engagement process will be presented to the CCG's Joint Clinical Commissioning Committee on the 26 January 2017 for review and to agree next steps.

## **Mental Health Pathway Review**

The Council and the CCG have begun work with Virgin Care to scope out a full review of the mental health pathway in Bath and North East Somerset. The review will launch later this year and the results will be made available in September.

## **NHS111 and GP out-of-hours service**

The procurement process is underway to deliver a more joined up NHS111 system across B&NES, Swindon and Wiltshire. GP out-of-hours services are being re-procured across Wiltshire and B&NES. A period of public engagement will launch in the next couple of weeks so patients' experiences of our urgent and emergency care services can be used to shape the new services.

Councillor Geoff Ward asked what impact had the recent norovirus had on the RUH.

Dr Grabham replied that some wards had to be closed, relatives were urged not to visit where possible and that staff were not allowed back to work until completely well.

Councillor Geoff Ward asked if she could comment on any cases of bed blocking locally.

Dr Grabham replied that patients will be offered a choice of care and that they have the right to choose. She added that around 40 patients a day are flagged as 'green to go'. She said that the availability of carers can also be a contributing factor.

Councillor Dine Romero asked Mental Health Pathway Review would include children and young people.

The Director for Integrated Health & Care Commissioning replied that the whole pathway was within her remit, but the focus of the review was on Adult Services. She added that the review would look at integrated community provision and try to ensure pathways are smooth, yet flexible. She said that integration was needed as recipients of the service move from child to adult services.

Councillor Paul May asked that the Select Committee be consulted as part of the public engagement regarding both the STP and the NHS111 and GP out-of-hours service.

Dr Grabham said that she had noted the request.

Councillor Eleanor Jackson asked if the issue relating to bed blocking was due to the time taken to get the correct care package in place and how it will be funded.

The Director for Integrated Health & Care Commissioning assured the Select Committee that she and Caroline Holmes were not in dispute regarding packages of care. She said that decisions are made within 24 hours of a care package being assigned.

Councillor Eleanor Jackson asked if any Paulton patients were affected by the decision to accommodate patients who had been discharged from the RUH, especially expectant mothers.

The Director for Integrated Health & Care Commissioning replied that the birthing suite was not affected and that births did not take place in other facilities as a result of this decision.

Councillor Eleanor Jackson asked if funding for the new Hope House Surgery in Radstock had been approved as part of the Transformation Fund.

Dr Grabham replied that it had.

The Chair thanked Dr Grabham for her update on behalf of the Select Committee.

## 70 **CABINET MEMBER UPDATE**

Councillor Vic Pritchard, Cabinet Member for Adult Social Care & Health addressed the Select Committee. A copy of the update can be found on their Minute Book and as an online appendix to these minutes, a summary of the update is set out below.

### **Hospital to Care Home Learning Workshop**

A Hospital to Care Home learning workshop was held on 21<sup>st</sup> September and included over 40 colleagues from across the Council, Clinical Commissioning Group, RUH, Sirona, care homes and Healthwatch. The purpose of the event was to share issues between care homes and hospitals, to learn about each other's roles and

situations and understand how to improve discharges to care homes from hospital.

Actions from the day are being taken forward by a new action group – the Hospital to Care Home Group, which includes representatives from the above organisations and a 6 month plan has been created.

### **Learning Disability Government Funding**

The Council has been successful in bidding £456,800 of Government funding to improve independence for people with learning disabilities. In September, the Department of Health announced that funding would be made available to help people with learning disabilities to live independently by creating a range of housing and technology options.

The fund will enable us to develop the use of Assistive technology through a range of applications, predominantly electronic equipment, used to monitor or enable people with learning disabilities, thus increasing their independence and improving their quality of life.

The funding will also support a number of people with learning disabilities to own their own homes using a unique Government approved shared ownership model known as HOLD (home ownership for people with long term disabilities).

The plans will be delivered in partnership with a range of bid partners, including West of England Care and Repair, Advance Housing and CURO.

### **Your Care Your Way Update**

The primary aim of this stage of the project is to ensure the safe transfer of community health and care services and have no disruption for people who use services. Significant progress has also been made towards finalising the Prime Provider Contract with Virgin Care and the final draft is expected to be available for signature by the end of February.

The 3 year transformation project will begin in earnest after the first 100 days of the contract, however transformation plans that we have developed will be included in provider contracts to signal the direction of travel of the services. This is why there is no intention to ask providers of community health and care services being delivered under a sub-contract with Virgin Care to make any large changes to their service from April 1<sup>st</sup>. Associated funding will remain in line with current provision.

The Council and CCG have now agreed an approach with Virgin Care as Prime Provider to managing the day-to-day commissioning and contracting of services which will provide the maximum benefit for the population of Bath and North East Somerset.

Councillor Dine Romero asked how the commissioning and contracting of services would be scrutinised.

The Director for Integrated Health & Care Commissioning replied that officers are happy to bring regular Your Care, Your Way updates to the Select Committee and that representatives from Virgin Care are willing to attend. She added that Senior

Commissioning Managers will scrutinise sub-contracting arrangements to ensure there are no interruptions in service.

The Chair thanked him for his update on behalf of the Select Committee.

## 71 **PUBLIC HEALTH UPDATE**

Charlotte Matthews, Public Health Specialty Registrar addressed the Select Committee. A copy of the update can be found on their Minute Book and as an online appendix to these minutes, a summary of the update is set out below.

### **Sugar Smart Collaborative**

One in five reception aged children and one in three 10-11 year olds in B&NES weighs more than is healthy. Over half of adults in B&NES are likely to be overweight or obese too.

We have set up a Sugar Smart collaborative to tackle this. We will be working in partnership with the Jamie Oliver Food Foundation and Sustain (an alliance for better food and farming) to run a year-long campaign to help people spot hidden sugars in food and drink.

### **Domestic Abuse**

It is estimated that 5,936 women aged between 16-59 in B&NES have been a victim of domestic abuse in the past year. There were 1,110 domestic abuse crimes recorded by the police in 2015/16, an increase of 25% compared to 2014/15.

The B&NES Domestic Abuse Partnership is preparing a bid to the Home Office transformation fund for a range of domestic abuse support including an independent domestic violence advisor for people with complex needs including substance misuse and/or mental ill health.

### **Smoking**

12 Sports Clubs were successful in applying for the first round of our Smoke Free Sports Club grant. Football, rugby and cricket clubs across the area have received £500 to implement a smoke-free touchline policy for their youth sports with signage and training for staff. We intend to allocate a further 8 grants by the end of the financial year.

Our Healthy Lifestyles service is launching an E-cigarette campaign to encourage smokers to switch to e-cigarettes or to help those who are smoking and vaping to get support with quitting tobacco completely. The 'Time to Switch' campaign is a new approach to reaching out to vapers (who are predominantly smokers trying to quit) and has been shown to increase uptake of support services in other areas of the country.

## **Dementia Alliance**

After discussion at the Health and Wellbeing Board, B&NES Council, CCG and Healthwatch all agreed to become members of the B&NES dementia action alliance, giving their commitment as organisations to help make B&NES an easier place for people with dementia and their carers to live well in their communities.

## **HIV Advice and Support**

The Public Health team are pleased to have supported the Eddystone Trust to secure funding from St John's Hospital Trust for a service supporting people living with HIV in B&NES. The Eddystone Trust was commissioned by public health and adult social care to deliver a support service for people in B&NES living with HIV/AIDS, but as part of the budget prioritisation this service is ending in March 2017. It was a difficult decision to make and public health worked with the Trust to find alternative funding. The Trust has now been awarded a grant to deliver a two year service to reduce isolation and increase support for communities living with HIV.

Councillor Lin Patterson asked if she could be provided with an update on any recent studies by Public Health relating to air pollution.

Charlotte Matthews replied that she would seek an update on this matter.

Councillor Dine Romero asked if as part of the Sugar Smart Collaborative work they had considered approaching private gyms or leisure facilities.

Charlotte Matthews replied that work was in its early stages and that they had begun some targeted work with some schools. She added that those groups mentioned were on their radar.

Councillor Eleanor Jackson commented that she was concerned over the reduction in the budget for sexual health education. She added that she was pleased to see the work regarding Domestic Abuse, but urged for provision for male victims to be sought.

Councillor Geoff Ward said that he sees the role of Public Health at the very heart of the Council. He asked if they took part in any joined up work with officers within Environmental Health and Development Management.

Charlotte Matthews replied that they do have a number of strategic groups in place.

Councillor Paul May asked if any long term funding was available in relation to domestic abuse.

The Inclusive Communities Manager commented that funding is received from the Police & Crime Commissioner and that a three year grant is currently in place. She added that this allows advisers to carry out work at both the RUH and Southside. She stated that there was a dangerous level of referrals currently.

Councillor Eleanor Jackson asked if the Select Committee could have a breakdown of the overall figures regarding domestic abuse for female victims and male.

Charlotte Matthews replied that Public Health would be happy to share available information.

The Chair thanked Charlotte Matthews for her update on behalf of the Select Committee.

## 72 **HEALTHWATCH UPDATE**

Alex Francis, Project Coordinator, Healthwatch B&NES addressed the Select Committee, a summary of her update is set out below.

### **Broadening the Healthwatch B&NES volunteer base and public ‘voice’**

In October 2016, Healthwatch B&NES attended a careers fair at Bath Spa University. We had interest from 15 students who were looking for volunteering opportunities and/or to broaden their experience of community projects. The students expressed an interest in supporting various elements of Healthwatch’s work, including running social media campaigns, supporting delivery of focus groups and to collect / represent the views of a range of local people, such as people that use mental health services and people with learning difficulties.

The Healthwatch B&NES volunteer support officer is now working to train the students and support them to become involved with the project. This is a great success and something that we hope will add an extra dimension to the ‘public voice’ that we hear and represent.

### **Learning from patient experience**

Healthwatch B&NES is delighted to be working with St. James’s Surgery and BaNES Clinical Commissioning Group to explore what works well when engaging patients in changes to General Practice.

Healthwatch B&NES is keen to make sure that patients are given an opportunity to get involved in any changes that are proposed to their GP practice. We are working with St James’s Surgery in Bath to learn how patients were informed and consulted about changes that took place to their practice last year, for example: what information was provided and how; what approaches were used to gather patient feedback; the type of support that was offered to patients needing assistance to respond; and, how patients were informed of the outcome.

Although only a small cohort of patients are involved in this project, we hope that their experiences will provide key learning that can be translated into local best practice for future consultation. A report of the findings will be presented to the B&NES Joint Primary Care Co-commissioning Committee in March 2017. Healthwatch B&NES would like to thank the staff and partners at St. James’s Surgery for their support and work towards this project.



## **B&NES, Swindon and Wiltshire Sustainability and Transformation Plan (STP)**

Since the three local Healthwatch (B&NES, Swindon and Wiltshire) began their involvement in this process we have acted as a 'critical friend' to the STP Board and subsequently, the communications and engagement work-stream. Our aims are simple, we are asking for:

- Consistent, accessible and easy to understand information for the public and VCSE colleagues, explaining what the STP is, and the impacts that any plans and proposals may have on the services people use and the care they receive
- Inclusive, meaningful, timely and appropriate engagement with the public and VCSE colleagues on the STP, in order for them to better understand how the health and social care system may be changing and to help shape and influence this based on local need

Healthwatch B&NES is working to keep local people and VCSE colleagues informed, including updating the website with information about the STP as it emerges, sharing information via social media channels and including information and links to documents in the monthly Healthwatch e-bulletin.

Councillor Dine Romero asked if the role of Healthwatch was sufficiently clear following Your Care, Your Way and the award of the Prime Provider contract to Virgin Care.

Alex Francis replied that no specific conversation had taken place with Virgin Care about the role of Healthwatch going forwards, but that she expected their role to continue as it does now, i.e. as an independent voice, representing the views and experiences of the public. She added that it was important for the public and voluntary sector colleagues to be informed as soon as possible about what is going on to prevent concern around services and confusion.

Councillor Vic Pritchard, Cabinet Member for Adult Social Care & Health said that the transition period was very sensitive as it involves the transfer of staff. He said that he sees Healthwatch having a very similar role and that they would be able to be very effective during the first 100 days of the contract from April 1<sup>st</sup> 2017.

Councillor Paul May said that he felt that the Select Committee would support Healthwatch in their future work.

Councillor Lin Patterson stated that she thought that the STP was a disappointing and vague document and would welcome more detail as soon as possible.

The Chair thanked Alex Francis for her update on behalf of the Select Committee.

The Strategic Director for People and Communities introduced this item to the Panel. He informed them of the proposal to retain the 2% Council Tax precept for Adult Social Care that was introduced last year.

He said that growth pressures of up to £4m for 2017/18 have been projected in adult social care particularly as a result of demographic change and inflationary pressures including the National Living Wage. It is considered that the savings proposals of 2.4m set out in the budget papers can be delivered through efficiencies and growth avoidance. This leaves the service with a funding gap of 1.6m. The Adult Social Care precept at 2 per cent will cover this gap and enable us to continue meeting our duties to assess and provide services in line with our existing plans.

Councillor Dine Romero asked if the savings associated with the Prime Provider Social Care & Health Contract were deliverable.

The Director of Integrated Health & Care Commissioning replied that existing savings targets from the Medium Term Financial Plan are incorporated into the contractual arrangements with Virgin and that these will be delivered in line with the approaches set out in the budget papers, including through efficiencies and new approaches to meeting individual's needs, including support to access services that focus on prevention and enable people to maintain their independence. She added that the savings were challenging but that they were realistic and achievable.

She stated that the implementation of the new social care IT system, Liquidlogic, would support more streamlined business processes including payments to care providers and supporting earlier confirmation of the assessed level of financial contributions provided / required for those individuals with the means to make a contribution to the cost of their care service. She added that Virgin can support these efficient ways of working by ensuring timely provision of information to be uploaded to Liquidlogic.

Councillor Dine Romero asked if more residents were to be expected to pay for their care.

The Director of Integrated Health & Care Commissioning replied that there is a national regulatory framework in place and that B&NES policies on social care contributions comply with the guidance and framework and that there was no expectation that individual contributions would increase. She stated that the intention is to improve the assessment process and support efficient collection of individual contributions to avoid individuals' unnecessarily accumulating debt.

She reminded members of the Select Committee that phase two of the Care Act contained a cap on the use of people's own funds and assets. She added that implementation of phase two had been delayed until at least April 2020 and at this stage no further information was available about whether phase two of the Care Act will be implemented from 2020 and/or be amended before implementation.

Councillor Eleanor Jackson commented that in her opinion growth avoidance should be seen as a cut to services. She said that she was concerned over the revised approach to transport provision relating to Day Care and, also, the Residential and

Nursing re-commission. She asked if a risk analysis of the proposals had been carried out, if the impact of Brexit had been taken into account with the potential loss of EU hospital staff and care workers, if the care eligibility threshold would rise and if the Cabinet would consider raising the Council Tax precept for Adult Social Care to 3% this year rather than 2%.

Councillor Charles Gerrish, Cabinet Member for Finance & Efficiency replied that his approach to the precept was a prudent one, in line with the Government guidelines and that the proposal of 2% would remain for this year following its introduction last year. Although there is the option of increasing the precept to 3% in 2017/18, this would then need to reduce to 2% in 2018/19 and 1% in 2019/20 as overall a maximum 6% can be implemented over a 3-year period. He added that with regard to Brexit that B&NES could not operate in isolation and would take advice on the matter from the LGA. He said that the Prime Minister had stated that the referendum decision would not affect EU nationals.

He said that transport costs relating to people with Special Educational Needs had escalated way above expectations and that now the proposal is to empower users of the service to directly negotiate better arrangements.

The Chair asked if the funding could be used to pay a family member for the service.

Councillor Charles Gerrish replied that it could.

Councillor Eleanor Jackson asked if the bus that takes residents to the Swallow Café would be affected.

Councillor Charles Gerrish replied that no changes were planned if services were full / near capacity.

Councillor Paul May commented that B&NES was fortunate to have the quality of staff within its Adult Services.

Councillor Lin Patterson commented that she had concerns relating to cuts proposed to the Sexual Health Portfolio.

The Strategic Director for People and Communities replied that the planned savings were agreed as part of last years' plan.

Following the meeting the Director of Public Health, Dr Bruce Laurence provided this additional information.

***Sexual health portfolio***

*Reductions have been made in some of the budgets allocated to sexual health service providers. In particular:-*

*A reduced payment structure to GP practices and community pharmacies for delivery of a range of sexual health services has been agreed, enabling savings to be made with no impact on these front line services.*

*We have set an upper age limit (of 25) for women to access free emergency hormonal contraception (EHC) from community pharmacies. This is in line with most*

*other areas across England, and enables the vast majority of women who require EHC from pharmacy to access it free of charge.*

*We have ended Council funding for the HIV Support Service delivered by Eddystone Trust one year earlier than planned. Public health commissioners have supported Eddystone Trust in funding bids to other organisations and we are pleased the organisation has recently been awarded funding from St John's Hospital Trust to deliver services in B&NES.*

*Incentive payments provided to GP practices to opportunistically test young people aged 15 – 24 years old for chlamydia have ended. Chlamydia testing for this age range continues to be available from a wide range of services including young persons' Clinic in a Box services in youth clubs and schools, community pharmacies, Contraception and Sexual Health clinics, GP practices and other sexual health services.*

The Director of Integrated Health & Care Commissioning commented in response to Councillor Jackson's query about savings from residential and nursing care commissioning, that this proposal has three key elements. Firstly, it is important that people do not go into nursing or residential care earlier than they need to because there is strong evidence that this can have the unintended consequence of reducing people's confidence, ability and skills in doing things for themselves and remaining independent. The focus is on maximising independence and supporting people to remain at home, thus avoiding dependency through the 'over-prescription' of care placements and packages. Other elements of the approach to savings from residential and nursing care are taking different approaches to commissioning and contracting and the implementation of a brokerage service to ensure best value, which is not just measured through the cost of a package or placement but also quality of the service provided. Finally, work will continue on practice and culture to support a focus on the outcomes to be achieved for the individual.

In relation to Councillor Jackson's query about Day Services for people with learning disabilities, the Director of Integrated Health & Care Commissioning explained that whilst some people do need to be able to access 'traditional' day services focused around a day centre. However, an increasing number of people, including younger adults, want and need to be able to access day services that are focused on supporting them to gain and maintain employment and live independently in their own homes.

In response to Councillor Jackson's query about changes to thresholds for care, the Director of Integrated Health & Care Commissioning that there is no proposal to change thresholds. It is important that thresholds are fairly and consistently applied and, as previously stated, packages and placements are not 'over-prescribed', which can have the unintended consequence of increasing levels of dependency rather than enabling and supporting independence.

Councillor Geoff Ward said that he agreed that people should be enabled to live independently in their own home and community for as long as possible.

The Strategic Director for People and Communities stated that the proposals within the Directorate Plan are challenging and said that the Cabinet Members have been involved throughout the process as well as officers receiving advice from Ernst &

Young to provide some assurance that the targets are realistic. He added that proposals have been very carefully considered and assessed, including in light of learning from best practice in other areas.

The Chair asked for assurance that equalities issues have been considered as far as they could be at this stage of the budget setting process.

The Director of Integrated Health & Care Commissioning said the proposals had received an initial assessment for equalities and risk.

The Inclusive Communities Manager said that at the point of the budget being accepted that she would expect further analysis to take place.

Councillor Lin Patterson said she was disturbed that this work had not already taken place and that the risks being described were the risk of not delivering the saving and not the risk to the public as that had not had not been fully assessed.

The Inclusive Communities Manager said that a template will have been completed for each proposal and that any impacts and risks have been considered as part of the development of the proposals, as well as measures to mitigate the impact where possible.

The Strategic Director for People and Communities confirmed that impact assessments were being delivered in a proportionate and staged process.

Councillor Eleanor Jackson requested that a statement be provided within the budget papers of the administration's decision to retain the 2% Council Tax precept for Adult Social Care and for footnotes on the issues that Councillors have raised during the debate.

The Chair thanked the Select Committee for their comments and the officers for their contributions during the debate.

## **74 PERSONAL BUDGETS (INC. TRANSITIONS)**

The Transformation & Strategic Planning Manager gave a presentation to the Select Committee, a copy of it can be found on their Minute Book and as an online appendix to these minutes, a summary is set out below.

### **What are personal budgets?**

A sum of money that it has been calculated is sufficient to meet a persons' assessed unmet eligible needs.

### **How can someone use a personal budget?**

A personal budget can be used for a commissioned service, a direct payment or a combination of these two elements.

### **How many people use personal budgets?**

Personal Budgets – Adults: 1569

Direct Payments – Adults (included in figures above): 513

Direct Payments – Disabled Children's Team: 87

Councillor Paul May asked if recipients were monitored for how they spend their budget.

The Transformation & Strategic Planning Manager replied that a review on how the budget is spent will initially take place after six weeks. She added that following this a frequency of reviews will be determined and that at least one review will take place every twelve months.

She stated that recipients were assessed on their capacity to receive and use appropriately direct payments. An authorised person must make the request for a direct payment on behalf of the recipient if they are judged to be without capacity.

Councillor Paul May said that it looked like a very positive piece of work. He asked, with an aging population in mind if enough controls were in place.

The Transformation & Strategic Planning Manager replied that a good policy was in place.

The Director for Integrated Health & Care Commissioning added that a focus on outcomes was more achievable through personal budgets.

Councillor Geoff Ward asked if the 1,569 people mentioned were totally reliant on receiving their allocated budget.

The Transformation & Strategic Planning Manager replied that recipients could input their own money.

### **What happens in transition?**

There are three main transition points; Children's Social Care / Adult Social Care / Health. This can be very a difficult time and may cause uncertainty for the person concerned. The aim is for professionals to make this process as supported as possible.

### **Transition – Children's to Adults Social Care**

Process is centred around the child / young person.

Transitions operational group work together to agreed criteria to identify young people who may be eligible for adult social care support.

Conversations start early with the whole family, school, health professionals etc. Start early, at age 14, with support in place by age 18.

### **Transition - Adult Social Care to Health**

Nurse Assessor / Community Matron in the Continuing Health Care (CHC) team liaises with other teams, the person, family members and possibly refers to the GP records, and completes the Health Needs Assessment and the decision support tool. Discussions take place with the person throughout. Support needs agreed.

## Transition – Health to Adult Social Care

Person is no longer eligible for support from health.  
Letter sent to the person and adult social care.  
Person advised to contact adult social care.  
Health funding ends - Person given 4 weeks' notice of end of funding.

### What work is underway?

Lots of work underway – project has been ongoing for the last year.  
Direct Payment Champions.  
Relationships developed between lead officers across adults, children's and health in relation to personal budgets.  
Policy and support services will be all age and for both health and social care.  
YCYW will help enable further join up, if not a fully integrated "pathway".

Councillor Lin Patterson said that she was encouraged to see the work that has taken place on this project so far.

Councillor Paul May commended the very good work of the project.

The Select Committee **RESOLVED** to note the contents of the report.

## 75 SELECT COMMITTEE WORKPLAN

The Chair introduced this item to the Select Committee and asked for any proposals regarding additional items for the workplan.

Councillor Geoff Ward said that he would like the Select Committee to receive a report on how the Public Health team collaborates with other areas of the Council.

The Director for Integrated Health & Care Commissioning advised that the Select Committee should receive a Your Care, Your Way update at each meeting for the foreseeable future.

The Select Committee agreed with these proposals.

The meeting ended at 1.05 pm

Chair .....

Date Confirmed and Signed .....

Prepared by Democratic Services