

Minutes

EXTERNAL SERVICES SCRUTINY COMMITTEE

14 April 2016

Meeting held at Committee Room 6 - Civic Centre,
High Street, Uxbridge UB8 1UW



HILLINGDON
LONDON

	<p>Committee Members Present: Councillors John Riley (Chairman), Ian Edwards (Vice-Chairman), Tony Burles, Brian Crowe, Phoday Jarjussey (Labour Lead), Allan Kauffman, John Oswell and Michael White</p> <p>Also Present: Joan Veysey, Acting Chief Operating Officer Gary Collier, Better Care Fund Programme Manager</p> <p>LBH Officers Present: Nikki O'Halloran (Democratic Services Manager)</p>
50.	<p>EXCLUSION OF PRESS AND PUBLIC (<i>Agenda Item 3</i>)</p> <p>RESOLVED: That all items of business be considered in public.</p>
51.	<p>MINUTES OF THE PREVIOUS MEETING - 15 MARCH 2016 (<i>Agenda Item 4</i>)</p> <p>It was noted that Detective Chief Superintendent Nick Downing had been appointed as the West London Commander on a temporary basis.</p> <p>RESOLVED: That the minutes of the meeting held on 15 March 2016 be agreed as a correct record.</p>
52.	<p>BETTER CARE FUND UPDATE (<i>Agenda Item 5</i>)</p> <p>Ms Joan Veysey, Acting Chief Operating Officer for the Hillingdon Clinical Commissioning Group (HCCG), advised that the NHS had provided a standard template and schedules which needed to be completed as the formal Better Care Fund (BCF) Plan. Members were assured that messages communicated from the Plan would be in a much more user friendly format.</p> <p>The draft Plan had been agreed by the Hillingdon Health and Wellbeing Board (HWB) and had also been agreed by the HCCG Governing Body in a Part II meeting (as this meeting had taken place before the Plan was considered by the HWB). The Plan would be considered by the Social Services, Housing and Public Health Policy Overview Committee at its meeting on 20 April 2016. Comment on the Plan was now awaited from NHS England (NHSE).</p> <p>The BCF was a national scheme intended to encourage health and social care to work together more closely, as required by the 2014 Care Act, with the expectation of a three year Plan from April 2017 to achieve "full integration" by 31 March 2020. It was anticipated that the definition of "full integration" would be included in the guidance that was expected to be issued by the end of the current quarter. Mr Gary Collier, the</p>

Council's Better Care Fund Programme Manager, advised that he would forward a copy of the guidance to the Committee once it had been received. Officers would start to identify the needs of the Borough and start a local dialogue by the end of this quarter. This information could then be manipulated to fit the Government requirements.

It was noted that BCF funding was not new money. For the 2016/2017 Plan, HCCG and the Council were pooling £22.5m, which was more than the required minimum value of £20m. Government had allocated £1.5bn of new money for the three year plans. It was anticipated that this would be performance related and that the majority would be allocated in the last two years of the three year plans.

The 2016/2017 Plan would focus on older people with a view to helping them maintain their independence and remain at home and in the community for longer. It was noted that most of the 2015/2016 schemes had been rolled forward into the current year.

Achievements in 2015/2016 included:

- A reduction in the number of emergency admissions;
- A reduction in the number of falls-related emergency admissions;
- A reduction in the delayed transfers of care;
- A reduction in the number of permanent admissions to care homes - although a target of 104 had been agreed with NHSE, this had later been revised to 150 and agreed by the HWB;
- An increase in the number still at home 91 days after discharge from hospital to the Reablement Service - this had been quite a challenge, given the needs of the service users; and
- Improved working relationships across health and social care - a self assessment was undertaken in December 2015 and staff identified a commitment to working together and an understanding of each others' roles across health and social care. There had also been an increasing involvement of GPs and the voluntary sector.

As there were a number of other initiatives in progress during 2015/2016, it was difficult to establish what proportion of these successes was as a direct result of the BCF work. When scoping the BCF schemes, officers had looked at risk factors in relation to falls, for example, individuals with dementia were at least 10% more likely to have a fall.

Concern was expressed that older residents' requests for adaptations to their homes were often rejected as they were not yet disabled enough. The Committee acknowledged that access to Disabled Facilities Grants was based on an assessment of need and that all options were explored, including the provision of community equipment. However, it was suggested that consideration be given to reviewing the way that assessments were undertaken to take a more proactive approach to helping residents stay in their own homes and addressing any service fragmentation issues.

The Good Neighbour Scheme supported 50-60 older people in the Borough, providing them with meals three times each week and taking them on outings. However, despite the valuable support service that the Scheme provided in terms of making residents feel part of the community (reducing social isolation) and helping them to retain their independence, funding was a struggle. Ms Veysey advised that the 2015/2016 Plan had been largely reactive and that the current Plan was being more proactive in building a gateway to the voluntary services.

Although Hillingdon4All was welcomed, it only covered a small sub set of community

services. It was suggested that it also include wider access to voluntary sector support and that a small part of the BCF budget be set aside for these organisations. Members were advised that the Council contributed £1.6m to voluntary and community organisations for a range of social activities, advice and information services. Work would be undertaken, in consultation with the voluntary and community sector, to establish whether this funding was being used in the most appropriate way to support residents. It was noted that the Hillingdon Gateway service would provide a single point of access for residents and signposting to services.

Of the 29 care homes supporting older people currently in the Borough, 26 supported individuals with dementia. Work was underway to expand the alternatives available to care homes. For example, two new extra care sheltered schemes offering 146 self-contained flats would be available early in 2018 for older people with dementia. Consideration would need to be given to reconfiguring the structure of the local care home market to meet the current and future needs of residents, which was addressed in this year's Plan.

It was estimated that there were currently 2,500 residents in the Borough with dementia. Although only 17% had previously been formally diagnosed, the Committee was advised that 67% of these individuals were now known to their GP and had received formal diagnosis. It was anticipated that the prevalence of dementia would increase by 12% by 2020 and, as such, early diagnosis meant that measures could be put in place to help keep these individuals living independently at home for longer.

HCCG and the Council jointly commissioned a community equipment contract, which was accessed by health and social care providers. It was anticipated that demand on the services would increase. HCCG funding for community equipment had been included in the BCF in 2015/2016 and, in 2016/2017, Council funding would be added to enable contract efficiencies to be maximised. Consideration was also being given to relaunching the retail model to enable residents to access lower risk/cost items from pharmacies which would also give them greater choice in the type of equipment they received. The Committee was advised that the equipment retail model worked in a similar way to the current system with spectacles.

The Sustainability and Transformation Plan (STP) was a five year plan (to 2021) that demonstrated the delivery of: improved health and wellbeing; transformed quality of care delivery; and sustainable finances across the health and care system. BCF was a mechanism for delivering on STP themes.

The 2016/2017 BCF Plan took a cautious and incremental approach to minimise the risk to the Council and HCCG. The Plan included:

- Extending existing schemes where benefits could be achieved for other groups, e.g., supported living and carers;
- Adding funds to the pool where demonstrable benefits for residents would be delivered, e.g., specialist palliative care;
- Extending scope to cover new activities, e.g., dementia;
- Accelerating benefits through greater ambition to integrate services across health and social care, e.g., intermediate care; and
- Correcting 2015/16 anomalies, e.g., community equipment.

The intended outcomes for the 2016/2017 BCF Plan were:

- A move towards a more stable, cost effective care market that met local needs;
- A better resident/patient experience of care;
- A reduction in the number of emergency admissions;

- A reduction in the hospital admission rate;
- A reduction in the number of permanent admissions to care homes; and
- A reduction in the demand for ongoing care, where possible.

The eight BCF schemes that had been identified for 2016/17 were:

1. Early identification of people at risk of falls, stroke, dementia and/or social isolation;
2. Better care for people at the end of their life;
3. Rapid response and integrated intermediate care - exploring alternative options and supporting individuals to get out of hospital sooner. As this was currently a little fragmented, it was anticipated that the effects would be realised in 2017/2018;
4. Seven day working - to even out discharges across the whole week;
5. Integrated community-based care and support - risk stratification was now used to identify those at risk of hospital admission or losing their independence, mainstreaming care planning and developing a more integrated approach to the home care market;
6. Care home and supported living market development;
7. Supporting carers - aimed at carers of all ages and ensuring that services were in place to meet their needs; and
8. Living well with dementia.

The Committee was advised that the final version of the BCF Plan 2016/2017 would be submitted by 3 May 2016 and would address a number of national conditions that had been rolled forward from 2015/2016. The following two new national conditions would also need to be met:

- Agreement to invest in NHS commissioned out of hospital services - it was noted that an additional £1.8m would be invested in Hillingdon this year; and
- Agreement on local action plan to reduce delayed transfers of care (DTOC) - Hillingdon compared well but consideration would need to be given to access to care homes for those with challenging behaviours.

Insofar as risk sharing arrangements were concerned, each agency was largely managing its own risk, with the exception of community equipment and specialist palliative care, where it was based on the proportion of funding provided. A shadow risk share arrangement was being developed for 2016/2017.

Mr Collier advised Members about the key determinants of success. National metrics had been used in 2015/2016 to assess information/advice in relation to the benefits service and quality of life (to address social isolation). In terms of governance, the Core Officer Group met on a monthly basis and provided the HCCG Governing Body and the Hillingdon Health and Wellbeing Board with quarterly update reports.

It was noted that, once the Plan had been submitted, only an 'Approved' judgement would result in no additional support from NHSE.

Members were advised that HCCG's responsibility was in relation to those individuals who had registered with a GP. The Council's responsibility was in relation to anyone resident in the Borough. Understanding this difference had helped to design services that would eventually be seamless. The 2016/2017 Plan had moved away from counting numbers/instances, and now looked to measure better outcomes, quality, safety and sustainability.

Work was underway to ensure that care plans could electronically move from one

organisation to another and all interventions were evidenced. To this end, the Care Information Exchange was being piloted but there were still some issues that needed to be resolved. Although the work in relation to assessment and discharge notices was almost complete, Members were advised that there were issues regarding the associated software costs which might require national intervention to resolve. Progress had been made with regard to IT but it was anticipated that residents would not see the effect of this for a little while yet.

Ms Veysey advised that the Borough had a 4.6% growth assumption which equated to 600 additional adults in the next year. The BCF process had so far enabled HCCG and the Council to learn lessons whilst also showing that they could make progress. The aim was to deal with and care for an increasing number of people using the same amount of money each year.

Members were advised that HCCG had a statutory obligation to reduce health inequalities. However, as it was important to have a clear understanding of who the beneficiaries would be, impact assessments were undertaken for target groups.

The Committee was encouraged by the work that had been undertaken and suggested that further consideration be given to the issues that had been raised by the Members.

RESOLVED: That:

- 1. Mr Collier forward a copy of the 2017-2020 BCF Plan guidance to the Committee when published;**
- 2. consideration be given to the suggestions made by the Committee; and**
- 3. the report and presentation be noted.**

53. **WORK PROGRAMME 2015/2016** (*Agenda Item 6*)

Consideration was given to the Committee's Work Programme. The Committee's final meeting of the 2015/2016 municipal year would consider the Quality Account reports of the local Trusts. As the meeting tended to be lengthy, the Trusts had been asked to keep their presentations to no more than 12 slides and that they should take no more than 10 minutes each. It was suggested that attendees at similar meetings in the future be asked to present for 5 minutes (and no more than 5 slides) or advise that they not to provide a presentation at all. It was agreed that the traffic light system be used at the Committee's next meeting to try to keep the presentations to the given timescales. It was anticipated that, by keeping the presentations time limited, it would provide Members with more time to ask questions of each Trust.

Consideration was also given to two Members leading on each of the Quality Account reports at the meeting. This approach would still enable other Members to ask questions on all of the reports to tease out what action would be taken as a result of the Quality Account reports. It was also suggested that Members only asked questions after every two presentations.

The Democratic Services Manager agreed to email Members with copies of the two Quality Account reports that had already been received. This would give Members more time to read and digest the content prior to the meeting.

RESOLVED: That:

- 1. the Democratic Services Manager email the Quality Account reports to Members; and**
- 2. the Work Programme be noted.**

The meeting, which commenced at 6.00 pm, closed at 8.14 pm.

These are the minutes of the above meeting. For more information on any of the resolutions please contact Nikki O'Halloran on 01895 250472. Circulation of these minutes is to Councillors, Officers, the Press and Members of the Public.