



Health and Social Care Scrutiny Committee

Date: TUESDAY, 1 NOVEMBER 2016
Time: 11.30 am
Venue: COMMITTEE ROOMS, WEST WING, GUILDHALL

Members: Wendy Mead (Chairman)
Revd Dr Martin Dudley (Deputy Chairman)
Chris Boden
Alderman Alison Gowman
Michael Hudson
Vivienne Littlechild
Steve Stevenson (Co-Opted Member)

Enquiries: Philippa Sewell
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Lunch will be served in the Guildhall Club at 1pm
NB: Part of this meeting could be the subject of audio or video recording

John Barradell
Town Clerk and Chief Executive

AGENDA

Part 1 - Public Reports

1. **APOLOGIES**
2. **MEMBERS' DECLARATIONS UNDER THE CODE OF CONDUCT IN RESPECT OF ITEMS ON THE AGENDA**
3. **MINUTES**
To agree the public minutes of the meeting held on 10 May 2016.
For Decision
(Pages 1 - 4)
4. **PRESENTATION: SUSTAINABLE TRANSFORMATION PLAN**
For Information
5. **TERMS OF REFERENCE**
The terms of reference of the Health and Social Care Scrutiny Committee are attached for your consideration.
For Decision
(Pages 5 - 6)
6. **DEFIBRILLATORS**
Oral update to be provided.
For Information
7. **INTEGRATED COMMISSIONING FOR HEALTH AND SOCIAL CARE**
Report of the Director of Community & Children's Services.
For Information
(Pages 7 - 16)
8. **THE ADULT SOCIAL CARE DUTY SYSTEM**
Report of the Director of Community & Children's Services.
For Information
(Pages 17 - 22)
9. **QUESTIONS ON MATTERS RELATING TO THE WORK OF THE COMMITTEE**
10. **ANY OTHER BUSINESS THAT THE CHAIRMAN CONSIDERS URGENT**

HEALTH AND SOCIAL CARE SCRUTINY COMMITTEE

Tuesday, 10 May 2016

Minutes of the meeting of the Health and Social Care Scrutiny Committee held at the Guildhall EC2 at 11.00 am

Present

Members:

Chris Boden

Revd Dr Martin Dudley

Vivienne Littlechild

Wendy Mead

Steve Stevenson

Officers:

Philippa Sewell

Ade Adetosoye

Marion Willicome-Lang

- Town Clerk's Department
- Community & Children's Services
- Community and Children's Services

In Attendance:

Casper Ridley

Ian Walker

Gareth Wall

Marion Willicome-Lang

- Barts Health NHS Trust
- Barts Health NHS Trust
- London Borough of Hackney
- Community and Children's Services, CoLC

1. APOLOGIES

There were no apologies.

2. MEMBERS' DECLARATIONS UNDER THE CODE OF CONDUCT IN RESPECT OF ITEMS ON THE AGENDA

The Revd Dr Martin Dudley, Vivienne Littlechild, and Steve Stevenson declared an interest by virtue of being residents of the City of London. The Revd Dr Martin Dudley also declared an interest in item 9, by virtue of the proposed development being in his Parish.

3. ORDER OF THE COURT OF COMMON COUNCIL 21 APRIL 2016

RESOLVED – That the Order of the Court of Common Council of 21 April 2016, appointing the Committee and approving its terms of reference, be noted.

4. ELECTION OF CHAIRMAN

The Committee proceeded to elect a Chairman in accordance with Standing Order No.29. The Town Clerk read a list of Members eligible to stand and Wendy Mead, being the only Member expressing a willingness to serve, was duly elected as Chairman of the Committee for the ensuing year.

5. ELECTION OF DEPUTY CHAIRMAN

The Committee proceeded to elect a Deputy Chairman in accordance with Standing Order No. 30. A list of Members eligible to stand was read, and Chris Boden and Revd Dr Martin Dudley declared their willingness to serve, if elected.

A ballot having been taken, votes were cast as follows:-

Chris Boden 1 vote

Revd Dr Martin Dudley 3 votes

RESOLVED - That the Revd Dr Martin Dudley be duly elected as Deputy Chairman for the ensuing year.

6. **CO-OPTION OF A HEALTHWATCH REPRESENTATIVE**

RESOLVED – That Steve Stevenson be co-opted as the representative for Healthwatch.

7. **APPOINTMENT OF INNER NORTH EAST LONDON JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE REPRESENTATIVE(S)**

RESOLVED – That the Chairman and Deputy Chairman be appointed to the Inner North East London Joint Health Overview and Scrutiny Committee.

8. **ANNUAL WORKPLAN**

Members received a joint report of the Town Clerk and Director of Community & Children's Services regarding the Committee's meetings and activities for the year. The Director of Community & Children's Services advised that Agenda Planning meetings would be co-ordinated by the Town Clerk for all Committee Members to feed into the workplan, and confirmed that the officer support would be divided between Social Care and Public Health items to ensure any potential for conflict of interest for officers was avoided.

RESOLVED – That the proposed schedule of meetings and officer arrangements be agreed.

9. **PUBLIC HEALTH SERVICE LEVEL AGREEMENT BETWEEN THE CITY OF LONDON AND THE LONDON BOROUGH OF HACKNEY**

The Committee welcomed Gareth Wall, Head of Public Health Services for Adults at the London Borough of Hackney, to the meeting. Mr Wall presented a report on an agreement between the City of London and the London Borough of Hackney regarding the management of public health services. An agreement of this nature had been in place since April 2013 and was reviewed annually for content, activity and price.

Members discussed the report, and noted that a large proportion of spend went on sexual health (education and testing). This was demand-led, with individuals accessing care on a walk-in basis and costs recovered from the patient's home borough. Mr Wall advised of an integrated tariff agreed across London to simplify and improve the cost recovery basis. In response to a Member's question, Mr Wall reported that costs of care for City workers were currently met by the City of London Corporation, but that work was underway to improve the identification of patients' home postcodes which, combined with the integrated tariff, would improve billing to the appropriate borough.

RESOLVED – That the report be noted.

10. PLANNED PRIVATE PATIENTS UNIT AT ST BARTHOLOMEW'S HOSPITAL

The Committee welcomed Casper Ridley and Ian Walker, Commercial Director and Trust Secretary for Barts Health NHS Trust, to the meeting. Mr Ridley and Mr Walker gave a presentation regarding a proposal for a private healthcare provider to invest in the Pathology Building and RSQ Building at St Bartholomew's Hospital, which were in a dilapidated state and required significant investment to make them usable. Barts Health did not have the resources to develop the site for NHS use, and were seeking to develop their private sector revenue stream.

Mr Ridley advised that this opportunity would benefit Barts Health and City workers and residents for a number of reasons, and made the following points:

- There would be no negative impact on NHS services provided at the hospital.
- There would be no cost to the NHS. The land would be leased and the freehold retained, with all costs of restoring and equipping the buildings for use as a modern healthcare facility being absorbed by Nuffield Health (as the preferred bidder). The completed facility would be handed back to Barts Health at the end of the lease period (which was yet to be confirmed).
- A multimillion pound revenue stream would be provided over its lifetime for Barts Health to invest back into NHS services.
- Nuffield Health had also indicated interest in buying NHS services on top of this lease agreement. This would provide for further revenue, and would ensure expensive equipment owned by Barts would be fully utilised.
- Barts Health employed consultants currently undertaking private practice work elsewhere could move this to a site closer to their primary NHS work. This would have benefits to emergency planning.
- City workers and residents would be allowed an increased choice for private medical care, as well as the provision of a joined-up care pathway through Nuffield Health corporate GPs and health assessments.
- This development would be linked to other Nuffield Health medical centres and their post-operative programme.

Members queried the plans, with particular regard to patient experience, the level of risk involved with the project, and the timescale for completion. Mr Ridley and Mr Walker confirmed details, clarifying that financial risk was being absorbed by Nuffield Health who had undertaken robust market share analysis. Negotiations were currently underway, with contract agreement anticipated for June/July 2016. Final completion was anticipated for 2018, although this was dependant on a number of details, including securing planning permission.

The Committee agreed to support the project, conditional upon:

- there being no negative impact on provision of services to NHS patients through private use of NHS equipment; and
- the Barts Pathology Museum being unaffected.

RESOLVED – That the proposal be noted, and a comfort letter be sent to Barts Health on behalf of the Committee.

11. CITY OF LONDON CARE NAVIGATOR

The Committee welcomed Marion Willicome-Lang, Service Manager for Adult Social Care, who presented a report on the Care Navigator role in the City of London. Members noted that the service was designed to help ensure City residents being discharged from hospital were being successfully linked up with the correct follow-on services and support. The service had been operational since January 2015 and was commissioned from Age UK East London. Members noted that, building on the success of the role, funding had been secured from the Better Care Fund for a continuation of the service for a further year.

In response to Members questions, Members noted the City and Hackney CCG had allocated some non-recurring funding to help address delayed transfers of care and emergency admissions in the City of London, and that proposals were being developed for a new service to support City residents taken to Accident and Emergency but not admitted to hospital, who needed support to return home safely during unsociable hours. With regard to staffing, Members noted the Age UK East London provided back-office support and covered when a Care Navigator was on leave.

RESOLVED – That the report be noted.

12. AGENDA ITEMS FOR NEXT MEETING

RESOLVED – That the Committee's Terms of Reference be reviewed at a future meeting.

13. QUESTIONS ON MATTERS RELATING TO THE WORK OF THE COMMITTEE

There were no questions.

14. ANY OTHER BUSINESS THAT THE CHAIRMAN CONSIDERS URGENT

There was no urgent business.

The meeting closed at 12.34 pm

Chairman

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HEALTH & SOCIAL CARE SCRUTINY COMMITTEE

1. **Constitution**

A non-Ward Committee consisting of,

- Any 6 Members appointed by the Court of Common Council
- 1 Co-opted Healthwatch representative.

The above shall not be Members of the Community & Children's Services Committee or the Health & Wellbeing Board.

2. **Quorum**

The quorum consists of any three Members. [N.B. - the co-opted Member does not count towards the quorum]

3. **Membership 2016/17**

- 1 (1) Christopher Paul Boden
- 1 (1) The Revd. Dr. Martin Dudley
- 1 (1) Vivienne Littlechild, J.P.
- 1 (1) Wendy Mead, O.B.E.

Vacancy

Vacancy

Together with the co-opted Member referred to in paragraph 1 above.

4. **Terms of Reference**

To be responsible for:-

- (a) fulfilling the City's health and social care scrutiny role in keeping with the aims expounded in the Health and Social Care Act 2001 and Part 14 of the Local Government and Public Health Act 2007 (Patient and Public Involvement in Care and Social Care);
- (b) agreeing and implementing an annual work programme; and
- (c) receiving and taking account of the views of relevant stakeholders and service providers by inviting representations to be made at appropriate meetings.

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Committees	Dates:
Health and Social Care Scrutiny Committee – For Information Community and Children’s Services – For Decision Health and Wellbeing Board – For Information Policy and Resources Committee – For Decision	1 November 2016 18 November 2016 25 November 2016 15 December 2016
Subject: Integrated Commissioning for Health and Social Care	Public
Report of: Director of Community and Children’s Services	For Information
Report author: Ellie Ward, Community and Children’s Services	

Summary

The NHS is facing growing financial and service pressures at a time of rising demand. NHS England published a five year plan to address some of these challenges and encourage health and social care organisations to work more closely together to address them.

Local areas are required to produce Sustainability and Transformation Plans (STPs) which set out how organisations will work together at a local level to meet the challenges set out in the plan. This includes looking at transforming services and using resources differently. Although local authorities are part of the plans, their budgets are not included in the overall budget total for STPs. However, some of the service changes proposed through STPs could have an impact on adult social care services and their funding, for example an increased focus on preventative services or providing more care based in the community rather than in hospitals.

The City of London Corporation is part of the North East London STP which includes eight local authorities, seven Clinical Commissioning Groups (CCGs) and three acute hospital providers.

The London Borough of Hackney and City & Hackney CCG had already proposed a devolution pilot which is now reflected in the STP. The pilot is about exploring the delegation of powers to a local level relating to estates, licensing powers to support public health and prevention and the development of models for integrated commissioning.

The London Borough of Hackney is exploring the development of an integrated commissioning model to better align work across local commissioners - CCG, social care and public health and promote joint planning to improve outcomes. If this proceeds then a similar model of integrated commissioning will need to be developed for the City of London Corporation.

This would be built upon a pooled budget of funding from the CCG and the City of London Corporation, governed by an integrated commissioning board and bound by

a legal agreement. A steering group across the CCG, the City of London Corporation and London Borough of Hackney has been established to explore what the operational models for this might look like.

This paper sets out an analysis of the opportunities and risks of the proposed integrated commissioning model and seeks Member agreement to explore development of this model for the City of London Corporation with further detail and legal implications to follow in a future report.

Recommendations

Members are asked to:

- Agree to explore development of a single integrated health and social care commissioning model for the City of London with City & Hackney CCG subject to further detail and due diligence
- Agree to explore entering into a pooled budget with City & Hackney CCG
- Agree to receive a further, more detailed report and make a final decision on the proposed arrangements in early 2017.

Main Report

Background

Health and Social Care Services in the City of London

1. Adult and children's social care services are provided and commissioned by the City of London Corporation and are mainly based on resident population. Public Health services are partly commissioned by the City of London Corporation and partly in partnership with London Borough of Hackney. While most public health services are based on resident population some public health services are also commissioned for City workers.
2. There is one GP practice in the City of London – the Neaman Practice, which is part of City & Hackney Clinical Commissioning Group (CCG). The majority of City residents are registered with this practice but around 25 per cent of residents on the eastern side of the City are registered with practices in Tower Hamlets who are part of Tower Hamlets CCG.
3. CCGs commission acute and secondary care health services for the people registered at their GP practices. This includes elective hospital care, community health services, rehabilitation services, maternity and mental health services.
4. City & Hackney CCG commission Homerton Hospital to provide acute and community services to its registered population. They also commission acute care for City patients registered at the Neaman practice from UCLH and Barts Healthcare. Enhanced primary care services are commissioned from the City and Hackney GP confederation. This includes wound and dressing care, phlebotomy, management of people with long term conditions, identification and support to vulnerable families and a proactive home visiting service to frail elders. The Neaman practice is a member of the GP Confederation.

5. The integration of health and social care services is a well-established principle as it provides a better patient and service user experience, more effective services and can contribute to financial savings. The City of London Corporation already works in an integrated way across the health and social care system but there are limitations to this in terms of organisational boundaries and legal frameworks.
6. The number of older people in the City of London is set to increase in coming years. GLA population projections show that over the next five years the older population (over 65s) is set to increase by between four and five per cent each year from 1530 in 2017 to 1839 in 2021. This is likely to create increased demand for health and social care services in the future.

Health and social care in context

7. The NHS is facing growing financial and service pressures at a time of rising demand. The NHS Five Year Forward View, published in October 2014, is set in this context.
8. It sets out a new shared vision for the future of the NHS emphasising the need to move to place based systems of care where organisations are collaborating and using their resources collectively to meet the needs of the local population in the most appropriate and effective way. It also sets out the challenges to be addressed in the NHS around finance and efficiency, improving the health of the population and providing quality care.

Sustainability and Transformation Plans

9. In December 2015, NHS England required local areas to produce five year Sustainability and Transformation Plans (STPs) to set out how local areas proposed to meet the challenges set out in the Five Year Forward View.
10. A total of 44 areas were identified as geographical 'footprints' on which the STPs are being developed with an average population size of 1.2 million people. The City of London Corporation is part of the North East London STP. This includes eight local authorities, seven CCGs and three acute hospital trusts (Homerton University Hospital Trust, Barts NHS Health Trust and Barking, Havering and Redbridge University Hospitals Trust).
11. Although Homerton Hospital and City & Hackney CCG have been in a more robust financial position, Barts Healthcare and Barking, Havering and Redbridge CCGs are experiencing significant financial issues this year and going forward.
12. Latest planning guidance from NHS England states that all STP footprints will have a single 'system' budget for their areas made up of the operational budgets for each organisation in the footprint. The guidance says that funding can be moved between organisations by agreement provided the overall budget total does not change. This poses a potential risk where funding from local organisations may have to be used to support other organisations in the system that are experiencing financial difficulties.

13. Local authority support and partnership support has to be evidenced in the STP. Although local government social care budgets are not included in the STP, it should be noted that the service transformation proposed in STPs could have an impact on social care and its funding. This includes an increased focus on preventative services or a greater move to more care based in the community rather than hospitals.

Locality plan

14. STPs are high level plan looking at what services can be best organised and delivered across the system in North East London rather than including all local issues.
15. CCGs and their partner Local Authorities are developing two to five year plans to address local issues highlighted in local Health and Wellbeing Strategies as well as contributing to delivering the wider STP ambitions. This allows City of London specific priorities around social isolation, the health of workers and cross boundary issues to be reflected in the locality plan.
16. In order to develop the locality plan, the CCG have developed a joint planning programme with local authority social care commissioners and public health commissioners. This explores where there could be more collaboration and alignment of approaches and contracts to improve outcomes for patients and service users and deliver the STP ambitions.

Devolution pilot and integrated commissioning

17. Separately to the STP, the London Borough of Hackney and City & Hackney CCG along with local health providers were approved as a devolution pilot, allowing them to explore the delegation of powers to a local level to better support the achievement of plans. This aims to accelerate the transformation of the local health and care system in Hackney so that it is financially and clinically sustainable and provides improvements in health, care and wellbeing outcomes. Because the CCG covers both Hackney and the City, the City of London Corporation and the CCG have been working closely to ensure that the pilot also brings advantages and improved outcomes to the City.
18. The devolution proposal committed to exploring joint commissioning between the CCG and the local authority social care and public health functions. A commitment has been made to explore this for the London Borough of Hackney. As the City of London Corporation is not part of the devolution pilot, the CCG is keen to establish a similar arrangement with the City of London Corporation to mirror those in Hackney to ensure an equitable approach across the CCG area.
19. The joining together of commissioning between health and social care is known as integrated commissioning. It aims to remove organisational barriers, develop more joined up plans and commission integrated services which benefit patients and service users. It supports an approach of moving to contracting for outcomes

and commissioning providers to work together across organisational boundaries. Many organisations in health and social care are already working in this way.

Current Position

Proposed Integrated Commissioning Model

20. City & Hackney CCG have proposed an integrated commissioning model for the City of London built on the pooling of health, social care and public health funding into one budget that is consistent with the Hackney devolution pilot. The detailed scope of the funding and governance arrangements to be included in the model would need to be agreed by Members at a later date. The CCG are keen to have this model in operation by April 2017 but the City of London Corporation can agree phasing of the model in a way that works best for the Corporation.
21. It is proposed that there would be separate pooled budgets between City & Hackney CCG and the London Borough of Hackney and between City & Hackney CCG and the City of London Corporation.
22. The pooled budgets would be legally agreed through a Section 75 (s75) agreement (NHS Bodies and Local Authorities Partnerships Regulations 2000) which allows health and local authority funding to be pooled. In effect this ring fences the funding for the services set out in the agreement.
23. It is currently proposed that an Integrated Commissioning Board would be set up between the City of London Corporation and the CCG (London Borough of Hackney would have their own board) to make decisions on use of the pooled budget. The board will include City of London Corporation Members and CCG Board Members. Each year, the City of London Corporation and the CCG would agree the make-up of the pooled budget and what decision making was delegated to the Integrated Commissioning Board. The Integrated Commissioning Board could also play a role in providing a steer on the planning of all health and social services (the ones not included in the pooled budget) to better support the alignment of service delivery and contracting to maximise improvements for local people.
25. A steering group has been established with the CCG to explore what a model could look like and how any risks would be mitigated should a decision be made to proceed with the model.
26. The steering group is committed to a gradual development of the proposal rather than a “big bang” on 1 April 2017 to ensure stability and minimise risk. The group has also agreed to define monthly gateways over the remainder of 2016/17 to help maintain momentum but to allow partners to confirm that they remain comfortable in proceeding with the development of the model.
27. At this stage the integrated commissioning arrangement would only cover NHS services for patients registered at the Neaman Practice but discussions with other CCGs about joining in the pooling arrangements could occur in 2017/18 once a model is in place.

28. This paper seeks agreement from Members to explore the development of this model for the City of London Corporation. Further detail on governance and the financial framework for the model would be brought back to Members at a later date.

Options

29. The two main options are to enter into a single integrated commissioning model with City & Hackney CCG or not. An analysis of the two approaches is set out below.

Entering into an integrated commissioning model

30. This model offers a number of potential opportunities for the City of London Corporation:

- A City of London based model responsive to City of London needs.
- A dedicated focus on City residents and their needs with an identified health budget separate from the budget for Hackney
- More integrated services for most City of London residents, reducing current complexities
- Governance arrangements that give the City Of London Corporation equal representation with City and Hackney CCG
- A more direct line between the ambitions of the Health and Wellbeing Board and how these are delivered locally
- Separate pooled budgets would provide protection from City funds being lost in a larger pooled budget across the City and Hackney or being drawn into broader financial issues across North East London. Integrated contracting and procurement models should result in more efficient delivery and offer the opportunity of longer term cost savings
- More aligned plans across the CCG and City of London Corporation to allow the two organisations to make the best use of their budgets and powers to secure improved outcomes and more joined up services.

31. There are also some potential risks associated with this model:

- The integrated budget would only cover residents registered with the Neaman Practice (part of City & Hackney CCG). The existing issue of linking up with Tower Hamlets services and other providers would remain but discussions could take place about extending the scheme across other CCGs once any arrangements had been set up.
- The issue of City workers would need to be addressed. The City of London Corporation has public health responsibilities for this group but City & Hackney CCG does not have responsibility for this group.
- The potential loss of direct control over some of our social care and public health budgets although the scheme of delegation for the integrated commissioning board would address this.

- The CCG funding within the pooled budget would be higher than that from the City of London Corporation.
- Ensuring appropriate disaggregation of funding and savings made from the CCG for City residents – the CCG is keen to ensure there is a clear City budget but recognises it will be difficult to get this right on day one given the need to disaggregate existing contracts. Therefore agreement would be required that the pooled budget could be reviewed in the light of experience
- The impact of managing and resourcing additional governance structures.

Some services would still need to be jointly commissioned with the London Borough of Hackney and governance arrangements would need to be put in place to oversee this.

Not entering into an Integrated Commissioning Model

32. Not entering into an integrated commissioning model would ensure that the City of London Corporation keeps sole control of its own social care and public health budgets but there are risks with this approach:

- Wider reconfiguration of health services in North East London could impact on City residents with less opportunity to influence change. An integrated commissioning model could mitigate against this risk
- No further integration of services and continued complexity of offer for all current City residents and service users
- Hackney devolution likely to continue and alternative arrangements for the City put in place unilaterally
- Loss of focus on the City of London Corporation as a stand-alone entity and a missed opportunity to plan together for the City
- Reputational risk if the City of London Corporation is not seen as supporting devolution initiatives in line with good practice
- Potential loss of a local commissioning focus if health and social care integration is focused on the wider STP footprint
- Exclusion from more innovative ways of commissioning and delivering services.

Proposals

33. This report recommends Members give approval to explore development of a single integrated commissioning model with City & Hackney CCG. This approval will be subject to further discussion and agreement about the details of the agreement.

34. Entering into a single integrated commissioning model offers the City of London Corporation the opportunity to:

- Commission more integrated services to residents, ensuring a better patient experience
- Have a bespoke City of London focused commissioning model for health and social care
- Be in line with current best practice and direction of travel.

35. Although there are potential risks for the City of London Corporation in adopting this model, further discussions about the governance arrangements and financial framework will provide the opportunity to mitigate the risks in line with the proposed gateway approach to developing the model.
36. There has been some successful joint commissioning between City and Hackney previously, this latest project represents an evolution on that practice and subject to joint governance being managed, the joined up service should increase efficiency.

Corporate & Strategic Implications

37. KPP3 of the Corporate Business plan focuses on engaging with London and national government on key issues of concern to our communities such as transport, housing and public health. This includes the NHS and Public Health reforms.
38. Health and Social Care Integration is an action of the Department of Community and Children's Services Business Plan.
39. Health and Social Care Integration is a priority in the Joint Health and Wellbeing Strategy.

Implications

Financial Implications

40. Entering into any kind of pooled budget arrangement exposes the City of London Corporation to a level of inherent financial risk that would otherwise not exist, particularly around City funds not being used for the purposes and outcomes desired by the City or the City becoming liable for the financial obligations of others. In order to mitigate these risks the City of London Corporation would enter into a formal s75 agreement and supporting financial framework that would clearly set out the scope of the pooled budget, the ground rules for its use, treatment of overspends and address how conflicts in budget setting priorities would be settled.
41. The Integrated Commissioning Board would only be able to operate within the scheme of delegation agreed by the City of London Corporation and the CCG as both would still retain ultimate statutory responsibilities and the budget and approach would need to be negotiated and agreed each year to reflect changing circumstances. Ensuring that the proper governance and reporting arrangements are also in place will be a key consideration.
42. If the City of London Corporation were to become the host partner for the finances of the whole pooled budget this would potentially expose the City of London Corporation to a further level of risk in terms of becoming accountable for a much larger sum of funds from the CCG than the amount currently invested by the City of London Corporation. The VAT implications for the City of London

Corporation would also need to be assessed. There would also be a significant resourcing issue in being able to service the monitoring and reporting of such a pooled budget.

43. This will be explored by the steering group and the CCG has committed to provide additional funding to the City of London Corporation to support the finance function in such an eventuality.

Legal Implications

44. This report seeks Members agreement at this stage to explore the development of an integrated commissioning model between the City of London Corporation and City & Hackney CCG. Once exploration has taken place and further information has been gathered from the parties involved then a second report for members will be presented. At this stage it will be possible to provide full detail on any legal implications involved.

Conclusion

45. The context for commissioning health and social care services is changing in response to increasing financial pressures and rising demand.
46. City & Hackney CCG have proposed developing an integrated health and social care commissioning model with the City of London Corporation. This would bring together health and local authority funding from adult social care and public health and jointly deliver locally agreed priorities which would be set out in a legal agreement.
47. This paper recommends to Members that the City of London Corporation agree to explore the development of an integrated commissioning model with City & Hackney CCG. Though there are some potential risks, there are also a number of opportunities. Further discussions around governance and the scope of local authority funding contributed to the pooled budget would aim to mitigate some of these risks.

Appendices

None

Background Papers

None

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Committee	Dated:
Health and Social Care Scrutiny Committee	1 st November 2016
Subject: The Adult Social Care Duty System	Public
Report of: Chris Pelham, Assistant Director, People	For Information
Report author: Marion Willicome-Lang, Service Manager	

Summary

This report which is for information describes the City of London Adult Social Duty System and what happens if an adult aged over 18 with an additional need and who is resident within the City of London makes contact by phone or face to face. The report also explains the pathway for all professional and public enquiries and referrals into Adult Social Care.

Recommendation

Members are asked to note the report for information.

Main Report

Background

1. As a generic Adult Social Care (ASC) team, the service must cover an understanding and specialist knowledge of people who need additional support based on their physical, learning, and/or mental health needs or by virtue of their age and frailty. To that end, the Adult Social Care service comprises five qualified social workers, one of whom is an Approved Mental Health Professional who works with people experiencing mental illness (AMHP); one is a Best Interests Assessor (BIA) who works with people who may lack capacity to make informed decisions about a number of vitally important aspects of their life. There is a senior occupational therapist (OT), two reablement coordinators and a team manager and senior practitioner, whose main role it is to manage the daily duty system and supervise the social workers. There is also a Care Navigator who links with the duty system alongside the Reablement service.
2. All social services departments have a statutory duty to have a 24 hour response service for their residents. The Adult Social Care Team offers a daily 9am -5pm Monday to Friday duty model via a designated phone, fax, email, and in person service based at the Guildhall, with the all out of hour's services provided via the London Borough of Hackneys Emergency Duty Team. These details are published on the City of London Adult Social Care web page, through the City of London Contact Centre, the Adult Social Care Service Directory, and the annual Local Account.

Current Position

3. The daily duty service is the “front door” or first point of contact for all new referrals to the team. Contacts are taken at this point relating to people known and unknown to ASC, OT, Reablement or Safeguarding. This is where as much information is gained about the person and the nature of the referral is ascertained. It is here at this triage and screening stage that an understanding of the nature of the referral is discovered, and an action plan is formulated through Frameworki (The Electronic Social Care Data recording system) by the Duty social worker and Duty Senior.
4. There were 160 new referrals in 2015/16 which involved the following:
 - People unknown to the service
 - Hospital admissions and discharges
 - Reablement
 - Occupational Therapy
 - Adult Safeguarding
 - Mental Health Act Assessments (Regarding residents, rough sleepers or people in police custody)
 - Carers (known and unknown)
 - Deprivation of Liberty Safeguards under the Mental Capacity Act
 - General advice, information and signposting
 - Contacts regarding current allocated social work cases .(If the allocated social worker is unavailable due to sickness or annual leave or if the case requires urgent contact)
 - Contacts regarding current unallocated cases (currently 100 cases that are monitored through the Review process and include people living at home , or in residential , nursing or supported living)
 - Contacts regarding any out of hours follow up
5. Referral sources include:
 - Self referrals by phone, email, fax, in writing, or in person.
 - Friends, neighbours, family members, other community representatives
 - Health Professionals (GP’s, District Nurses, hospital staff, OT’s Physios)
 - Members
 - Col and Met. Police (including monitoring all 377/Merlin reports)
 - LFB (London Fire Brigade)
 - LAS (London Ambulance Service)
 - Housing staff
 - Commissioned providers (City Advice, The Reach Out Network (RON) St Mungo’s Broadway, Befrienders , Advocates)
 - Children and Families or Education and Early Years teams.
6. Hospital Admissions

There were a total of 84 admissions to hospital that went through the Duty service in 2015/16.

Each hospital admission is monitored daily by the care navigator and through direct contact with medical staff.

All discharges home are facilitated by the Duty social worker in conjunction with our Reablement team, domiciliary care providers if the person is already known, or our Reablement plus service in urgent cases.

7. Adult Safeguarding

In 2015/16 there were 31 Safeguarding alerts raised.

Initial actions and information gathering is undertaken on duty under the supervision of the senior practitioner, and then allocated to a named Social Worker following this screening process.

8. Mental Health Act Assessments

In 2015/16 15 Mental Health Act Assessments were undertaken

Referrals are received through the Duty Social worker and screened according to a protocol which ascertains the statutory request and timescales. The Approved Mental Health Practitioner is then alerted. Annual leave and sickness by the City of London AMHP is covered by the Hackney AMHP service, and the Duty social worker activates this pathway when required.

9. Referral sources include:

- St Mungo's Broadway with regard to rough sleepers.
- City of London Police custody if someone arrested is seen to exhibit signs of severe mental illness.
- GP's, with city registered patients.
- The Hackney Centre for mental health at the Homerton Hospital.
- St Bartholomew's Hospital.

10. Deprivation of Liberty Safeguards (DOLS) under the Mental Capacity Act

All new requests for a Standard Authorisation to legally deprive a person, who is the responsibility of the City of London, of their liberty due to their mental incapacity are made via the duty social worker.

11. Referral sources:

- Any care home or supported living setting where the Adult social care service has placed a city of London resident
- Any hospital where a city of London resident is an in patient.

Any follow up work is then passed to the Best Interest Assessor and DOLS administrator via the Team Manager according to statutory timescales.

12. Duty Home visits

39 Duty visits were undertaken in 2015/16. Duty home visits which include urgent Safeguarding or welfare checks are assessed on the day and undertaken as required.

13. Performance monitoring

Frameworki captures all Duty work undertaken as a distinct category, and currently Adult Social Care Duty can report that in 2015/16, 2585 case notes were recorded by the Duty Service together with 386 documents written.

There is work presently underway in conjunction with the performance team to develop the performance reporting on work undertaken at the Duty Intake level.

All data on contacts to duty where advice, information and signposting has been offered and early intervention and prevention alternatives have been put in place, such as referrals to the Reach Out Network groups, City Advice, Tenancy support, Befriending, shopping service, day centres, lunch clubs or One City Hackney services will shortly be reported upon.

Corporate & Strategic Implications

14. Safeguarding is priority 1 of the Department of Community and Children's Services' Business Plan. The overarching vision for the DCCS Business Plan is to make a positive impact on the lives of all service users by working together, and our partners, to provide outstanding services that meet their needs. It includes strategic priorities of safeguarding and early help, health and wellbeing and efficiency and effectiveness, which is undertaken through the first response Adult Social Care Duty Service.

Conclusion

15. Adult Social Care Services support individuals to maintain their independence and live as safely as possible despite illness, old age or disability. They also provide support to informal carers.
16. Local authorities have a number of statutory duties around adult social care. Many are set out in the Care Act 2014 but there are also a number of other relevant acts including the Mental Health Act 1983 and the Mental Capacity Act 2005 (amended 2007). Statutory duties include:
- To offer information and advice and provide preventative services and integrating with other services such as health
 - To make enquiries, or ensure others do so, if it is believed an adult is subject to, or at risk of, abuse or neglect. An enquiry should establish whether any action needs to be taken to stop or prevent abuse and neglect, and if so by whom

- To provide an Approved Mental Health Professional (AMHP) Service to carry out Mental Health Act assessments.
- To assess and issue standard authorisations of Deprivation of Liberty Safeguards for people who are in a care home or hospital. This relates to extra safeguards which are needed if restrictions and restraint will deprive someone of their liberty.

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