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Health and Social Care Scrutiny Committee

Date: **THURSDAY, 16 FEBRUARY 2017**

Time: **11.00 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 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 and non-public summary of the meeting held on 1 November 2016.

For Decision
(Pages 1 - 6)

4. **DOMICILIARY CARE IN THE CITY OF LONDON**
Report of the Director of Community & Children's Services.

For Information
(Pages 7 - 24)

5. **INTEGRATED COMMISSIONING FOR HEALTH AND SOCIAL CARE**
Report of the Director of Community & Children's Services.

For Information
(Pages 25 - 36)

6. **QUESTIONS ON MATTERS RELATING TO THE WORK OF THE COMMITTEE**

7. **ANY OTHER BUSINESS THAT THE CHAIRMAN CONSIDERS URGENT**

8. **EXCLUSION OF THE PUBLIC**
MOTION - That under Section 100(A) of the Local Government Act 1972, the public be excluded from the meeting for the following items on the grounds that they involve the likely disclosure of exempt information as defined in Part I of the Schedule 12A of the Local Government Act.

Part 2 - Non-Public Reports

9. **PRIVATE PATIENT UNIT AT ST BARTHOLOMEW'S HOSPITAL**
Email received response to queries raised at the previous meeting regarding the Private Patient Unit at St Bartholomew's Hospital.

For Information
(Pages 37 - 38)

10. **QUESTIONS ON MATTERS RELATING TO THE WORK OF THE COMMITTEE**

11. **ANY OTHER BUSINESS THAT THE CHAIRMAN CONSIDERS URGENT AND WHICH THE COMMITTEE AGREE SHOULD BE CONSIDERED WHILST THE PUBLIC ARE EXCLUDED**

HEALTH AND SOCIAL CARE SCRUTINY COMMITTEE

Tuesday, 1 November 2016

Minutes of the meeting of the Health and Social Care Scrutiny Committee held at Committee Rooms, West Wing, Guildhall on Tuesday, 1 November 2016 at 11.30 am

Present

Members:

Wendy Mead (Chairman)	Michael Hudson
Revd Dr Martin Dudley (Deputy Chairman)	Vivienne Littlechild
Chris Boden	Steve Stevenson (Co-opted Member)

In Attendance

Paul Haigh	-	City & Hackney Clinical Commissioning Group

Officers:

Philippa Sewell	-	Town Clerk's Department
Jane Reynolds	-	Comptroller & City Solicitor's Department
Neal Hounsell	-	Community & Children's Services Department
Ian Tweedie	-	Community & Children's Services Department
Ellie Ward	-	Community & Children's Services Department

The Chairman welcomed Michael Hudson, a new Member of the Committee, and the Chief Commoner, along with Paul Haigh from the City & Hackney Clinical Commissioning Group and Corporation officers.

1. **APOLOGIES**
Apologies were received from Alderman Alison Gowman.

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 standing interests by virtue of being residents of the City of London.

3. **MINUTES**
RESOLVED - That the public minutes of the meeting held on 10 May 2016 be agreed as a correct record.

Matters Arising

Planned Private Patients Unit at St Bartholomew's Hospital
Members asked officers to follow up with Bart Health NHS Trust regarding the lease period and to provide reassurance and details regarding the revenue stream that would be invested back into NHS services.

4. **PRESENTATION: SUSTAINABLE TRANSFORMATION PLAN**

The Committee received a presentation covering Sustainability and Transformation Plans, the Hackney devolution pilot, and the Integrated Commissioning Model.

In December 2015, NHS England announced a requirement for 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. The City of London Corporation was part of the North East London STP, which included eight local authorities, seven Clinical Commissioning Groups and three acute hospital trusts. Guidance from NHS England set out that all STPs would have a single 'system' budget made up of the operational budgets for each organisation involved. Funding could therefore be moved between organisations by agreement, provided the overall budget total did not change, which posed a potential risk where funding from local organisations may be used to support other organisations in the system that were experiencing financial difficulties. There were a number of challenges across North East London, including increasing population, deprivation, health inequalities, capacity in some services, fragmentation of service pathways, as well as significant financial pressures. New models of care were therefore being explored through the STP, the 'Transforming Services Together' programme (overseen by the Joint Health Overview and Scrutiny Committee), and the Hackney devolution pilot.

Paul Haigh from the City & Hackney Clinical Commissioning Group introduced the Hackney devolution pilot, one of five across London, which aimed to explore the delegation of powers to a local level to better support the achievement of plans. The pilot sought to develop an integrated health and social care commissioning and delivery model system, develop estate and implement new approaches to prevention. The City of London was not part of the pilot, but had been involved throughout to ensure potential benefits for the City could be realised and unintended consequences could be minimised. Mr Haigh outlined the six 'building blocks' of the pilot:

- Practice based family nursing teams, with a pilot at the Neaman Practice;
- Integrated community health and social teams in each quadrant, e.g. Care Navigators;
- Quadrant based voluntary sector organisations delivering social, wellbeing and public health services;
- Physically integrated single point of access for services for health and social care practitioners in and out of hours, e.g. ParaDoc, a pilot to provide a joint paramedic and GP clinical response addressing urgent primary care needs with the intention of reducing unnecessary conveyance to A&E via ambulance;
- Empowering patients with skills and information to help them self-manage conditions and access right services when needed;
- Strong and safe local hospital/provider landscape.

A key part of the Hackney devolution pilot was the Integrated Commissioning Model, which aimed to minimise transaction and management costs. It was

consistent with the Hackney devolution pilot, based on the pooling of health, social care and public health funding with separate pooled budgets for Hackney and for the City of London Corporation. Agreement was now being sought from Members to explore this model further for the City of London Corporation, with a more detailed report being presented early next year. The aim was to launch in April 2017 with gradual development and a number of gateways to ensure stability and minimise risk.

Members discussed the presentation, noting that the scale of the problem was challenging - not necessarily just the amount of debt being tackled, but the fragmentation of the health service – and agreed that effective communication between a large number of Local Authorities, CCGs and care providers would be difficult.

Members challenged the devolution pilot's focus on transactional change rather than transformation, and queried whether there was a danger of provision for City workers being overlooked and of different residential areas in the City being treated differently. Paul Haigh agreed that there was a focus on transactional change, but confirmed that transformational change would be addressed alongside this through the 'building blocks' identified for the Hackney devolution pilot. Officers advised that integrated commissioning would enable a clearer focus on City residents and workers and the different networks they need, as the Corporation would retain a separate pooled budget. Officers advised that separate agreements were needed with different commissioners where there were crossovers with other Local Authority areas. Although integration with Hackney would not change agreements with other LAs, it would enable the Corporation to reopen discussions and renegotiate provision.

Members expressed their confidence in the City & Hackney CCG, but also their concerns over the target launch date in April, and asked for the follow-up report to include more detail as to alternative launch dates and to clearly set out the mechanism (i.e. when, how, and with what consequences) for the Corporation to withdraw from this model if it were unsuccessful. Members also asked that the follow-up report suggest key metrics and outcomes for the Committee to scrutinise against after implementation.

Members also noted this report would be considered the Policy & Resources Committee in December and queried whether it could go to that Committee's November meeting. It was noted, however, that the report needed to be discussed by the Community & Children's Services Committee and the Health and Wellbeing Board beforehand so their comments could be considered by P&R.

RESOLVED – That:

a) the presentation be noted;
b) the report at agenda item 7 be noted; and
c) the follow-up report include additional details regarding alternative implementation dates, withdrawal mechanisms and metrics for scrutiny.

5. **TERMS OF REFERENCE**

Members discussed the Committee's Terms of Reference and agreed that although a larger membership would be preferable it would be difficult to achieve.

RESOLVED – That the terms of reference be approved.

6. **DEFIBRILLATORS**

Officers reported that BT had deferred their strategy regarding installation of defibrillators in phone boxes until January 2017. Members noted that work was progressing with Waitrose regarding the installation of a defibrillator in their branch on Whitecross Street. It was hoped that, if successful, this could be held up as an example and other supermarkets would follow suit. Steve Stevenson advised that, at the London Ambulance Patients' Forum, Sainsbury's had undertaken to install thousands of defibrillators in their stores across the country.

7. **INTEGRATED COMMISSIONING FOR HEALTH AND SOCIAL CARE**

This report was considered at agenda item 4.

8. **THE ADULT SOCIAL CARE DUTY SYSTEM**

The Committee received a report of the Director of Community & Children's Services regarding the Adult Social Care Duty System and the pathway for professional and public enquiries and referrals into Adult Social Care.

Members discussed the report, querying the low numbers associated with mental health assessments and access to reablement services for people discharged from A&E. Officers advised that the 15 assessments quoted were carried out by the Approved Mental Health Professional in the Adult Social Care Team and did not include urgent, out of hours, or emergency assessments. With regard to discharges, officers advised that the onus was on the A&E department to contact reablement services, but noted there was a potential for patients to be overlooked.

Members requested the City of London Police be asked for comments regarding the team's performance and service regarding mental health needs and, in response to a query regarding Delayed Transfers of Care (DTOC) figures for the City, officers reported that any delays due to social care were monitored by the Corporation but delays due to the NHS were reported by the relevant hospitals.

RESOLVED – That the report be noted.

9. **QUESTIONS ON MATTERS RELATING TO THE WORK OF THE COMMITTEE**

There were no questions.

10. **ANY OTHER BUSINESS THAT THE CHAIRMAN CONSIDERS URGENT**

There was no other business.

The meeting ended at 12.50 pm

Chairman

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Committee	Dated:
Health and Social Care Scrutiny Committee	**16 February 2017**
Subject: Domiciliary Care in the City of London	**Public**
Report of: Neal Hounsell, Acting Director of Community and Children's Services	**For Information**
Report author: Mark Davison. Marion Willicome-Lang.	

Summary

1. This report provides members with information on the design and delivery of domiciliary care services for City of London Residents. The report explains that the Adult Social Care Service assesses each individual, according to the eligibility criteria set out in the Care Act 2014. It illustrates how Domiciliary Care is offered in the form of assistance with daily living, in order to maximise peoples independence within their own home for as long as is possible. The report explains how Domiciliary Care Support is offered in the form of an Individual Budget as well as through the City of London's Adult Social Care Services' In-house Reablement service. It also explains the process by which we have recently tendered for a new provider of domiciliary care services.

Recommendation

2. Members are asked to note the report.

Main Report

Background

Domiciliary Care

3. The term Domiciliary Care denotes the personal care and domestic support offered to a person to enable them to fulfil the activities of daily living. These tasks can include dressing, washing, bathing, cooking, shopping etc. The City Corporation advocates an 'enabling' approach to domiciliary care. That is to say we want care providers to 'do with' not to 'do to' so that the care they give is part of supporting maximum independence and choice for service users.

4. An Assessment of Need is conducted using the eligibility criteria set out within the Care Act 2014. Section 3 of the Care Act states that the Local Authority has a duty to assess a person's needs against the following eligibility criteria:

    - *The needs arise from or are related to a physical or mental impairment or illness:*

- *As a result of the needs an adult is "unable" to achieve two or more of the outcomes specified below, and*
- *As a consequence there is, or is likely to be, a significant impact on the adults' well-being.*

The specified outcomes are –

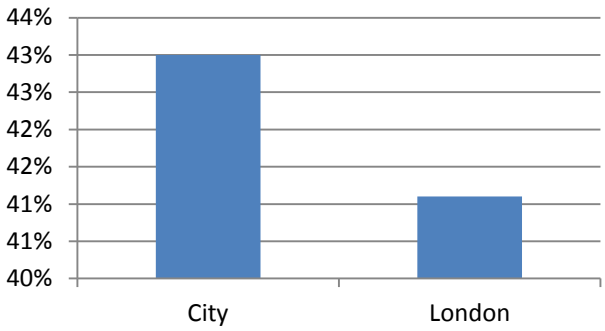
a. Maintaining or managing nutrition
b. Maintaining personal hygiene
c. Managing toilet needs
d. Being appropriately clothed
e. Being able to make use of the adult's home safely
f. Maintaining a habitable home environment
g. Developing and maintaining family or other personal relationships
h. Accessing or engaging in work training education or volunteering
i. Making use of necessary facilities or services in the local community
j. Carrying out any caring responsibilities the adult has for a child.

"Unable" means an adult is to be regarded as unable to achieve an outcome if they cannot do so without assistance or where experiences "significant pain, distress or anxiety", or doing so endangers health or safety of adult or others, or task takes significantly longer than would normally be expected.

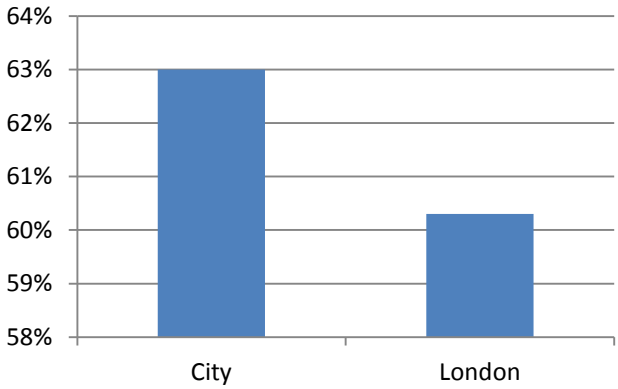
5. From that assessment of need a support plan is developed which records how and when the person concerned would like and need their care and support. The assessment includes a budgetary value for that package of care, and is called an Individual Budget or Direct payment.

6. Domiciliary Care is provided in a planned and long term manner and care is reviewed and monitored by the allocated social worker, and can be increased and altered as care needs change. The aim of domiciliary care is to ensure that people are enabled to remain in their own home for as long as possible. Domiciliary care can also be a vital way in which informal carers can be supported to continue in their role as carer to their loved ones at home.

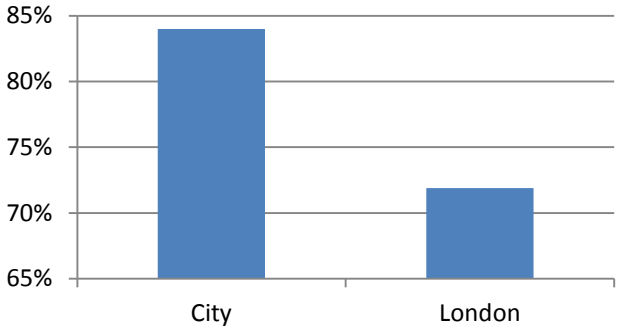
7. Our last survey of service users in December 2014 showed much greater levels of satisfaction compared to the London average.



Users reported that they receive as much social contact as they would like



Users satisfied with the care they receive



Users and carers find it easy to find information about services

% of people who use services who say that those services have made them feel safe and secure

We intend to undertake further surveys in 2017.

Reablement

8. The second type of Domiciliary Care offered is the Reablement offer.

9. Reablement is focused on enabling people to be independent following discharge from hospital. It is a prevention and early intervention service that is free to the individual, and can last for up to 6 weeks with the aim of supporting people to regain their confidence, building their informal support, managing their risks and enabling their independence.

10. The City of London Reablement service is provided by two full time Reablement coordinators and a senior Occupational Therapist, who are based within the Adult Social Care Team.

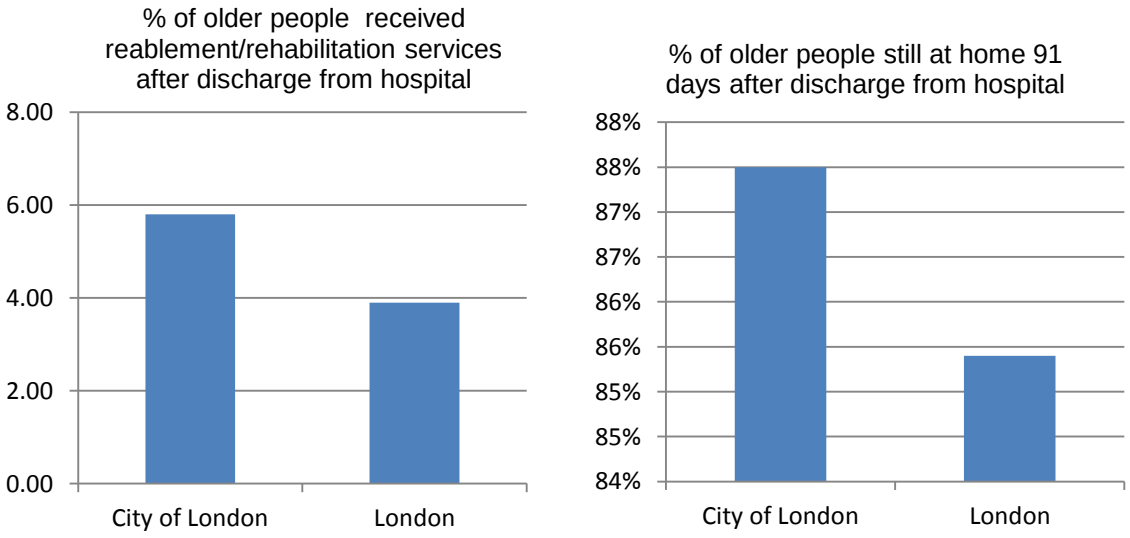
11. The goals of the reablement service are to :

- prevent people's needs from escalating
- prevent people needing on-going social care services
- Reduce dependency and enable independence.
- Reduce the need for readmission into hospital within a period 3 months of original discharge. This is a National Performance Indicator that the City of London always scores very well in.

12. The Reablement Service provides support from 0700-1900 five days a week. All other hours are covered via an external supplier. The Reablement team meet weekly with the external agency to review each service user and review goals and outcomes for gaining independence.

13. The service is subject to a statutory Inspection by the CQC. The last inspection took place in December 2016, when the service was judged as Good.

14. As result, the City performs well on two other key performance indicators when compared to London.



From "Supporting you an annual report of adult social care services in the City of London 2015/16'

Current Position

15. The City Corporation currently has a framework approach for the provision of domiciliary care services where service users have requested that the City Corporation's Adult Social Care Services manage their care arrangements. This means that a number of local providers have met our quality and pricing criteria to deliver domiciliary care services. There are six providers on this framework although only three are currently delivering packages of care in the City.

16. However, the framework agreement ends on 31st March 2017. All the current providers were notified of this and the requisite notice letters were sent last year.

17. From 1st April 2017 the City Corporation will enter into a five year contract with one sole provider of care, and all costs associated with the new contract have been factored into the Directors local risk budget. This will be for any service user that requests that the Adult Social Care Service team manage their care arrangements. This includes current service users and all new service users. From a total of 57 service users 26 are currently on managed care packages.

18. From the 1st April 2017 all service users will have a choice whether to receive care from the new provider or to instead take an 'individual budget'. This means that they, or their nominated agent, can directly receive their allocated care budget and use that budget to purchase their own care. To help people to do this the City Corporation has procured a brokerage organisation, Penderels Trust, to support service users and their agents to understand the care options available to them and help them make the best use of that budget. Currently 17 service users have chosen to take individual budgets and receive full support from Penderels. 14 Service users manage their own care and individual budget via a Direct payment

19. The City Corporation's decision to enter into a contract with a sole provider for managed care packages was made after extensive market analysis and engagement opportunities. We held an event attended by 12 home care agencies and we received additional written feedback from 7 agencies. It was important for us to hear from this local 'provider market' as we wanted to ensure that there would be sufficient interest in delivering services to a relatively small volume of service users. As a result of this engagement these agencies told us:

    - To get the best quality staff we should continue ensuring that all carers receive at least the London Living Wage
    - Paying for travel time between care visits is important
    - Good care means achieving 'personal outcomes' - that means meeting each service user's individual needs and wishes
    - No care visit should be less than 30 minutes
    - Having one agency to take on all our home care needs would be the model that is most likely to attract a wide range of interested agencies
    - However, the City of London will need to make sure we have a good back up plan in case there are any issues that arise from having one provider
    - These arrangements should run from April 2017 to March 2022; and be frequently reviewed to ensure quality and consistent care is being delivered

- Home care agencies want to work closely with our Carers Network, Befriending Services and other local voluntary sector and charity run projects in City of London
- We should use technology where we can to improve care and ensure carers are being deployed in the most effective way
- We should encourage care organisations to employ local people as carers and offer apprenticeships to local young people
- Service users can continue to choose to take the money they are entitled to for their care and use it to make their own arrangements if they wish. The City Corporation will help people to do this

20. We undertook consultation with current service users, carers and others. They told us that they want to continue to have high quality services and that it was important to have regular carers who service users trusted and could have on-going relationships with, and that they had choice in how their care was delivered.

21. As a result of our analysis and planning the City Corporation undertook a competitive tender process in November and December 2016. The tender 'closed' on 22nd December and in January officers, alongside one of our service users, evaluated the responses. We had responses from 11 different agencies wanting to be our sole provider of managed domiciliary care service. One of our requirements was that the new provider meets all parts of the Unison Care Charter (see appendix 1). This will guarantee the highest standards of domiciliary care currently delivered in UK.

22. A recommendation for a chosen provider was ratified by the Community and Children's Service Category Board on 23rd January and at the current time we commencing contract mobilisation with the chosen provider.

23. Moving forward we will agree a performance management schedule with the chosen provider to ensure that all the standards of quality, safeguarding and service user involvement and satisfaction are in place. The 'handover' from current care providers to the new provider will be thorough, sensitive to service users' needs and fully involve the service user and their family, carer and wide support network as well as the allocated social worker. As care is delivered the provider will be in regular contract with social workers to review and report on individual care plans and agree tri-laterally - with social workers and the service users - any changes to those plans.

24. A DCCS Commissioning and Contracts Officer will lead day-to-day contract and performance management alongside the ASC Team Leader. There will be regular performance management meetings and reports; and we will use direct service user and carer verification that outcomes are being achieved. We will also work alongside our carer's network, befriending service and other voluntary sector services to monitor and ensure that the new provider delivers a great service.

25. Safeguarding is at the heart of our domiciliary care services. The chosen provider will meet all requirements of the City Of London Adult Social Care safeguarding

protocol and the Pan London Multi Agency Adult Safeguarding Policies and Procedures.

26. The Commissioning Manager and Adult Service Manager have worked closely on the procurement and will continue to have regular scheduled meetings to oversee the mobilisation and delivery of the contract. They will in turn be held accountable for performance by Adults Senior Management Team, Adults Service Improvement Board and the multi-agency Adult Advisory Group.

27. The City Corporation also commissions a Reablement Plus service that delivers a rapid response 24 hour service for up to 72 hours in total, to avoid people going into hospital, and to support those coming out of hospital urgently and unplanned; at – weekends and bank holidays. We are currently looking at the best option to continue this provision after 31st March, to make sure there is a high quality service and seamless handovers to our own staff.

Corporate & Strategic Implications

28. The Domiciliary Care service assists in helping individuals remain healthy and living longer within their own homes with maximum independence and dignity. Individuals are well safeguarded from harm and assisted to access their community as much as is possible.

Conclusion

29. The Adult Social Care Service will work very closely with service users to ensure that there is smooth transition from their previous care agency to the newly commissioned provider. There will be flexibility through our commissioned brokerage service Penderels Trust to facilitate choice if specific care needs are best met through retaining previous carers. It will be an important time to listen to the voices of service users and their carers and families to ensure the continuation of good quality domiciliary care is maintained. This work is one of our key priorities for 2017.

Appendices

- **Appendix 1 – UNISON Ethical Care Charter**

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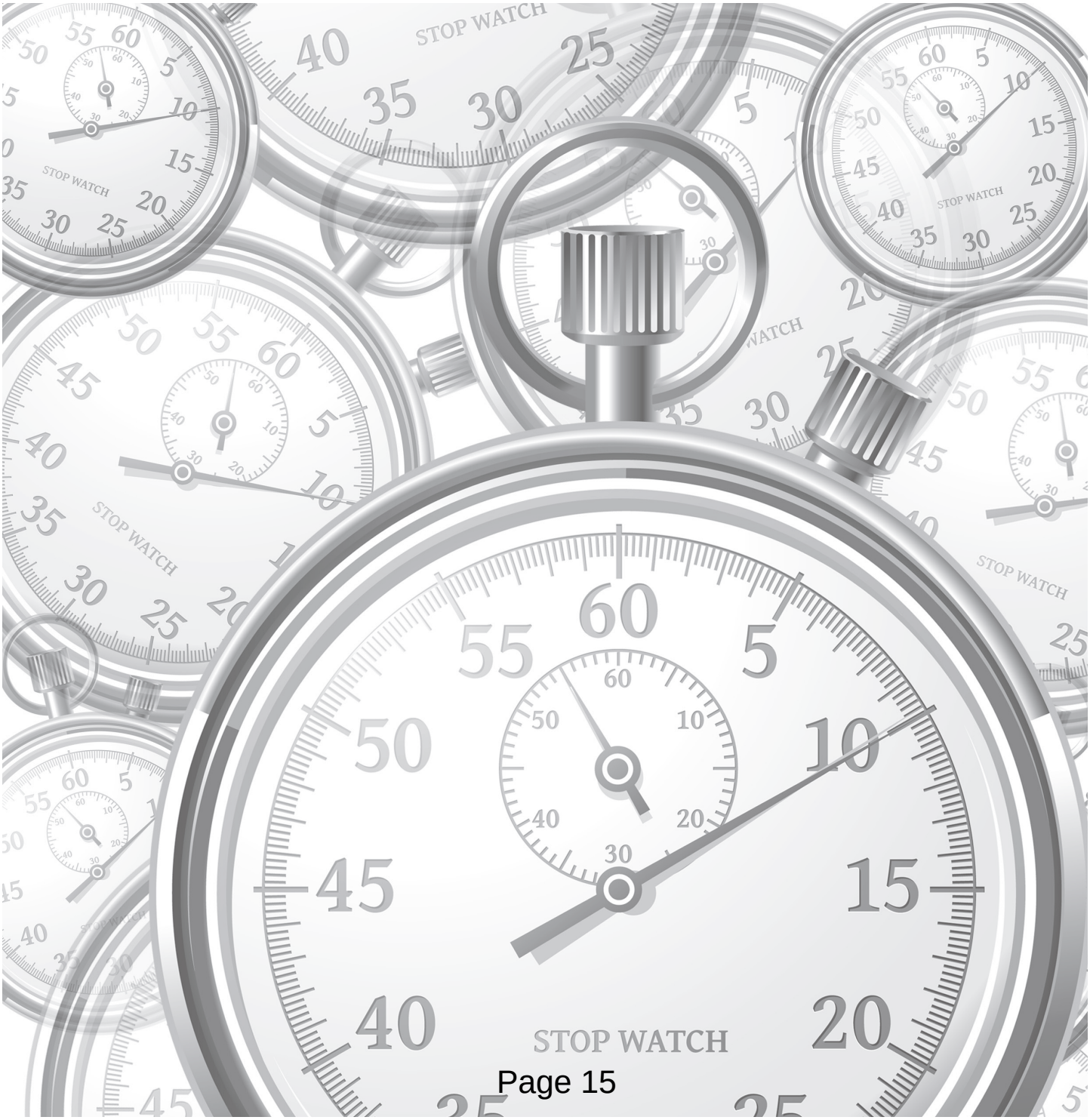
UNISON
the public service union

UNISON's ethical care charter



Contents

Introduction

A number of reports from client organisations, consumer groups, and homecare providers have recently been produced which have been highly critical of the state of homecare services in the UK. Little consideration however has been given to the views of homecare workers themselves as to why there are so many problems in this sector.

UNISON, the largest public service union, conducted a survey of homecare workers entitled “Time to Care” to help address this imbalance and to illustrate the reality of homecare work. The online survey which was open to homecare workers who were either UNISON members or non-members attracted 431 responses between June and July of 2012.

The responses showed a committed but poorly paid and treated workforce which is doing its best to maintain good levels of quality care in a system that is in crisis. The report highlights how poor terms and conditions for workers can help contribute towards lower standards of care for people in receipt of homecare services.

Key findings

- 79.1% of respondents reported that their work schedule is arranged in such a way that they either have to rush their work or leave a client early to get to their next visit on time. This practice of 'call cramming', where homecare workers are routinely given too many visits too close together, means clients can find themselves not getting the service they are entitled to. Homecare workers are often forced to rush their work or leave early. Those workers who refuse to leave early and stay to provide the level of care they believe is necessary, also lose out as it means they end up working for free in their own time.
- 56% of respondents received between the national minimum wage of £6.08 an hour at the time of the survey and £8 an hour. The majority of respondents did not receive set wages making it hard to plan and budget. Very low pay means a high level of staff turnover as workers cannot afford to stay in the sector. Clients therefore have to suffer a succession of new care staff.
- 57.8% of respondents were not paid for their travelling time between visits. As well as being potentially a breach of the minimum wage law, this practice eats away at homecare workers' already low pay.
- Over half the respondents reported that their terms and conditions had worsened over the last year, providing further evidence of the race to the bottom mentality in the provision of homecare services.

  56.1% – had their pay made worse
  59.7% – had their hours adversely changed
  52.1% – had been given more duties
- 36.7% of respondents reported that they were often allocated different clients affecting care continuity and the ability of clients to form relationships with their care workers. This is crucial, especially for people with such conditions as dementia.
- Whilst the vast majority of respondents had a clearly defined way of reporting concerns about their clients' wellbeing, 52.3% reported that these concerns were only sometimes acted on, highlighting a major potential safeguarding problem.
- Only 43.7% of respondents see fellow homecare workers on a daily basis at work. This isolation is not good for morale and impacts on the ability to learn and develop in the role.
- 41.1% are not given specialist training to deal with their clients specific medical needs, such as dementia and stroke related conditions.

The written responses to our survey paint a disturbing picture of a system in which the ability to provide some companionship and conversation to often lonely and isolated clients is being stripped away. Some recounted the shame of providing rushed and insufficient levels of care because of the terms and conditions of their job, whilst many detailed insufficient levels of training that they had been given to carry out the role. Others made the point that rushed visits are a false economy leading to a greater likelihood of falls, medication errors and deterioration through loneliness.

However the survey also showed the selflessness and bravery of homecare workers who, to their own personal cost, refused to accept the imposition of outrageously short visits and worked in their own time to ensure that their clients received good levels of care. Some homecare workers were doing tasks and errands for their clients in their spare time, despite the seemingly best efforts of the current care model to strip away any sense of personal warmth or humanity.

Homecare workers are personally propping up a deteriorating system of adult social care, but they are being pushed to breaking point. That they are still willing to deliver good levels of care in spite of the system is nothing short of heroic. For the system to work it needs to be underpinned by adequate funding and a workforce whose terms and conditions reflect the respect and value they deserve. Crucially they must be given the time to care.

“ I never seem to have enough time for the human contact and care that these people deserve. ”

“ A lot of the people I care for, are old and lonely, they are not only in need of physical support, but they are also in need of company and someone to talk to. The times given to these people are the bare minimum to get the job done, no time for a chat, just in and out. ”

“ People are being failed by a system which does not recognise importance of person centred care. ”

“ We are poorly paid and undervalued except by the people we care for! ”

“ I have worked as homecare worker for 15 years. Things have to change but not at the expensive of clients. It’s appalling the care they receive now. ”

Ethical care councils

In light of UNISON's findings, we are calling for councils to commit to becoming Ethical Care Councils by commissioning homecare services which adhere our Ethical Care Charter.

The over-riding objective behind the Charter is to establish a minimum baseline for the safety, quality and dignity of care by ensuring employment conditions which a) do not routinely short-change clients and b) ensure the recruitment and retention of a more stable workforce through more sustainable pay, conditions and training levels. Rather than councils seeking to achieve savings by driving down the pay and conditions that have been the norm for council – employed staff, they should be using these as a benchmark against which to level up.

Councils will be asked to sign up to the Charter and UNISON will regularly publish the names of councils who do.

Ethical care charter for the commissioning of homecare services

Stage 1

- The starting point for commissioning of visits will be client need and not minutes or tasks. Workers will have the freedom to provide appropriate care and will be given time to talk to their clients
- The time allocated to visits will match the needs of the clients. In general, 15-minute visits will not be used as they undermine the dignity of the clients
- Homecare workers will be paid for their travel time, their travel costs and other necessary expenses such as mobile phones
- Visits will be scheduled so that homecare workers are not forced to rush their time with clients or leave their clients early to get to the next one on time
- Those homecare workers who are eligible must be paid statutory sick pay

Stage 2

- Clients will be allocated the same homecare worker(s) wherever possible
- Zero hour contracts will not be used in place of permanent contracts
- Providers will have a clear and accountable procedure for following up staff concerns about their clients' wellbeing
- All homecare workers will be regularly trained to the necessary standard to provide a good service (at no cost to themselves and in work time)
- Homecare workers will be given the opportunity to regularly meet co-workers to share best practice and limit their isolation

Stage 3

- All homecare workers will be paid at least the Living Wage (as of November 2013 it is currently £7.65 an hour for the whole of the UK apart from London. For London it is £8.80 an hour. The Living Wage will be calculated again in November 2014 and in each subsequent November). If Council employed homecare workers paid above this rate are outsourced it should be on the basis that the provider is required, and is funded, to maintain these pay levels throughout the contract
- All homecare workers will be covered by an occupational sick pay scheme to ensure that staff do not feel pressurised to work when they are ill in order to protect the welfare of their vulnerable clients.

Guidance for councils and other providers on adopting the charter

Seeking agreements with existing providers

1. Convene a review group with representation from providers, local NHS and UNISON reps to work on a plan for adopting the charter – with an immediate commitment to stage 1 and a plan for adopting stages 2 & 3

2. Start by securing agreement for a review of all visits which are under 30 minutes. The review will include getting views of the homecare workers and client (and/or their family) on how long the client actually needs for a visit and what their care package should be

Looking for savings

3. Are providers' rostering efficiently – for example are there cases of workers travelling long distances to clients when there are more local workers who could take over these calls?

4. How much is staff turnover costing providers in recruitment and training costs?

5. How much are falls and hospital admissions amongst homecare clients costing the NHS and could some of these be prevented by longer calls and higher quality care?

6. Are there opportunities for economies of scale by providers collaborating around the delivery of training and networking/mentoring for workers?

7. Are there opportunities for collaboration between providers to achieve savings on procurement of mobile phones, uniforms and equipment for workers?

The commissioning process

1. UNISON's evidence, along with that of other bodies such as the UKHCA, shows that working conditions are intrinsically bound up with the quality of care.

2. When councils are conducting service reviews and drawing up service improvement plans, the Charter will provide a helpful benchmark for ensuring service quality – whether for an improved in-house service or in relation to externally commissioned services.

3. Where a decision has been taken to commission homecare externally, identify how the elements of the charter will be included as service delivery processes, contract conditions or corporate objectives in the invitation to tender documents. It must explain how these are material to the quality of the service and achieving best value.

Service monitoring

1. Work with providers and trade unions to agree how service quality will be monitored and compliance with the Charter assured

2. Build regular surveys of homecare workers into this process to gain their views and consider establishing a homecare workers panel from across local providers who can provide feedback and ideas on care delivery

The provisions of this charter constitute minimum and not maximum standards. This charter should not be used to prevent providers of homecare services from exceeding these standards.

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Committees	**Dated:**
Health and Wellbeing Board – For information Health and Social Care Scrutiny – For information Policy and Resources – For decision Community and Children's Services – For decision	By email 16 February 2017 16 February 2017 17 February 2017
Subject: Integrated Commissioning for Health and Social Care	**Public**
Report of: Acting Director of Community and Children's Services	**For Information**
Report author: Ellie Ward, Community and Children's Services	

Summary

In autumn 2016, Members of the London Borough of Hackney and the City of London Corporation, along with the NHS City and Hackney Clinical Commissioning Group (CCG) Governing Body, agreed to explore the benefits of an integrated commissioning model, which is part of the Hackney devolution business case and is the local delivery mechanism for the North East London Sustainability and Transformation Plan (NEL STP).

In summary, the model is built on an Integrated Commissioning Fund and the establishment of an Integrated Commissioning Board, who will make decisions on services to be commissioned using the Integrated Commissioning Fund. The fund includes a pooled budget made up of health, adult social care and public health funding.

The Integrated Commissioning Board will consist of Members of the City of London Corporation, along with Members of the Clinical Commissioning Group Governing Body. There will also be Senior Officers from the City of London and the CCG in attendance in an advisory capacity. A Transformation Board will also be established, consisting of Officers from the London Borough of Hackney, the City of London Corporation and the CCG, who will make recommendations to the Integrated Commissioning Board(s). The Transformation Board will be responsible for delivering the Locality Plan, which forms the basis of the commissioning strategy for integrated commissioning. There will be a number of workstreams that sit beneath the Transformation Board to do much of the practical work.

The legal agreement for establishing this model will be a Section 75 (s75) agreement which allows health and local authority funding to be pooled. It will include a financial framework, which sets out the general rules and scope for the management of and expenditure of funds that make up the Integrated Commissioning Fund.

This paper sets out the detail of proposals to establish integrated commissioning arrangements for health, social care and public health across City and Hackney from 1 April 2017.

Recommendations

Members are asked to approve:

- The establishment of integrated commissioning arrangements for the City of London Corporation and City and Hackney Clinical Commissioning Group as set out in this report
- The establishment of an Integrated Commissioning Sub-Committee of the Community and Children's Services Committee
- The establishment of the Transformation Board
- The funding arrangement to pool budgets

Members are asked to delegate authority to the Town Clerk (in consultation with the Chairman and Deputy Chairman of the Community and Children's Services Committee) to:

- Agree the membership and terms of reference of the Integrated Commissioning Sub-Committee
- Recommend consequential amendments to the terms of reference of the Community and Children's Services Committee to the Court of Common Council

Members are asked to delegate authority to the Director of Community and Children's Services (in consultation with the Chairman and Deputy Chairman of the Community and Children's Services Committee) to:

- Enter into the necessary Section 75 agreement(s) on such terms as he considers appropriate
- Finalise all other necessary arrangements

Main Report

Background

1. Health and social care partners across City and Hackney share an ambition to improve health outcomes for local people by commissioning and delivering services across organisations in a more joined up / integrated way that makes the most of our shared investment at a time when public sector funding has experienced significant reductions and increasing budgetary pressures. This is the ambition for the devolution pilot being undertaken by the London Borough of Hackney and City and Hackney CCG.

2. Following the publication of the NHS Five Year Forward View in 2014, local areas are required to produce Sustainability and Transformation Plans (STPs) to show how health and social care organisations, known collectively as systems, will work together to tackle issues of financial sustainability, quality of care and health inequalities. City and Hackney is part of the North East London STP and the local devolution pilot forms part of the plan being recognised as the delivery system for the STP ambitions in Hackney and the City.

3. Locality Plans set out how the ambitions of the STP will be delivered by local systems and what improvements will be delivered for local people. The City and Hackney locality plan, developed by City and Hackney CCG, in partnership with London Borough of Hackney and the City of London Corporation, is built around four locally-agreed priority areas:

    - Children and Young People
    - Prevention
    - Planned Care
    - Unplanned Care

4. The development of fully integrated commissioning across health, social care and public health locally is the proposed mechanism for delivering the wider aims of partners around integration, achieving the locality plan and creating a vehicle that demonstrates both our local contribution to, and delivery of, the STP.

5. The City of London Corporation is not formally part of the devolution pilot, but City and Hackney CCG is keen to establish integrated commissioning arrangements with the City of London Corporation to mirror the arrangements in Hackney, ensuring an equitable approach across the CCG area.

6. Previous papers and presentations to Members and the CCG Governing Board outlined some of the opportunities, benefits and potential risks of an integrated commissioning model.

7. Further detail on the proposal is set out below. The proposal has been developed by a steering group consisting of senior officers from the CCG, the London Borough of Hackney and the City of London Corporation. Legal advisers, finance and governance officers and commissioning staff have helped to shape these proposals.

Current Position

The Integrated Commissioning Arrangements

8. The integrated commissioning arrangements are built around two separate commissioning boards - a Board for the London Borough of Hackney and one for the City of London. Each Board will include Members from these organisations, along with members of the CCG governing body. There will also be Senior Officers from the organisations in attendance in an advisory capacity.

9. An Integrated Commissioning Fund, consisting of a pooled budget and an aligned fund (funds that cannot legally be pooled, or which partners are not yet ready to pool) will be established for each Board and documented within a s75 Agreement supported by a Financial Framework.

10. Commissioning for core GP services will be outside of these integrated commissioning arrangements and will be discharged by a formal committee of the CCG. However the Transformation Board and the Integrated Commissioning Boards will provide a steer and recommendations to the CCG Committee.

11. The Locality Plan will form the basis of the Commissioning Strategy for integrated commissioning. Formal leadership arrangements are being established around the four priority areas of the Locality Plan to review current plans and services, identify areas for improvement and test out their potential impact. Pooled funds will be aligned with each of these priority areas. Each workstream will report to the Transformation Board, who will make recommendations to the Integrated Commissioning Boards for decision.

12. In the first year of operation, 2017-18, the integrated commissioning model will be based on existing contracts and service delivery. During that first year, the four workstreams will begin to identify where commissioning and services may change in order to better meet local needs, improve outcomes and deliver the aims of the locality plan.

13. The arrangements will initially include health, adult social care and public health. Children's social care will be considered for inclusion during 2017-18.

Governance

Transformation Board

14. The current Transformation Board is made up of system leaders (providers and commissioners) who are responsible for developing and delivering improvement plans in relation to the devolution pilot.

15. From April 2017, it will form part of the governance arrangements for integrated commissioning, providing advice and recommendations to the two Integrated Commissioning Boards and taking responsibility for local delivery and implementation across the provider landscape.

Integrated Commissioning Boards

16. The legislation currently provides for the CCG and its partner local authorities to form joint committees to take responsibility for the management of partnership arrangements. However, a restrictive view has been taken that the current wording of the legislation does not allow a joint committee to take commissioning decisions and confines it solely to an oversight role. A joint committee with the CCG is not therefore being proposed at the present time. It is understood that amendments to the legislation are currently being considered centrally, in which case it may be possible for a joint committee arrangement to be revisited in the future.

17. It is instead proposed that each Integrated Commissioning Board will initially function through 'committees in common' established by City and Hackney CCG and either the City of London Corporation or London Borough of Hackney. The members of the Board will have delegated authority from the CCG and London Borough of Hackney or City of London Corporation respectively to take decisions.

18. It is proposed that the City of London Corporation will establish an Integrated Commissioning Sub-Committee of the Community and Children's Services

Committee, made up of three Members, and the CCG will establish its own Integrated Commissioning Committee, also made up of three members. These two separate bodies would meet to make their own decisions on matters delegated to them by the City and the CCG respectively, in the normal way. However they would meet at the same time and location, and each take an individual decision on the same question. They shall be known together as the 'Integrated Commissioning Board'.

19. Each Integrated Commissioning Board will make decisions together on the use of the pooled budget on behalf of the statutory organisations. For aligned funds, the Board members will decide on the strategy and make recommendations to either the CCG Governing Body, London Borough of Hackney, or the City of London Corporation for a formal decision. The Integrated Commissioning Boards will receive recommendations from the Transformation Board, which has responsibility for delivery of the Locality Plan.

20. The Scheme of Reservation and Delegation for each of the three organisations will set out the respective reservations and delegations to the relevant Integrated Commissioning Board. Each organisation retains responsibility for their statutory responsibilities and will therefore hold the relevant Integrated Commissioning Board to account for operating within the schemes of delegation.

21. The Integrated Commissioning Boards for the London Borough of Hackney and the City of London will meet separately. However, when discussing common issues, strategies or recommendations, the two Integrated Commissioning Boards will meet together.

22. As part of the Hackney devolution business case, there is an ask to amend the legislation to allow full pooling and to remove the distinction between the pooled and aligned budgets. The timescale for a decision on this is unclear. However, the arrangements would need to be considered from 2018 should legislation be passed to permit further pooling.

Section 75 and Financial Framework

23. For each Integrated Commissioning Board there will be an Integrated Commissioning Fund which will be made up of two parts, a pooled budget and an aligned budget.

24. The pooled budget will initially be made up of CCG, adult social care and public health resources, where there has been agreement to pool these resources to deliver integrated commissioning and the locality plan. It will also include the Better Care Fund (BCF). It will be governed by a s75 agreement including a schedule setting out the financial framework.

25. The aligned budget will be made up of the budgets that cannot legally be pooled or budgets where partners are not yet ready to pool, but want to work collectively to plan their use.

26. It is proposed that the London Borough of Hackney and the City of London Corporation will include all their Adult Social Care and Public Health commissioning and some staffing resources. Public health funding for workers will be included. The health funding which comes from CCG will relate to those patients who are registered with the Neaman Practice which is part of City and Hackney CCG. Components of Children's services will be included in the model at a later date, subject to a formal decision-making process. For the CCG, all funding will be included in the pooled budget, apart from a number of services that have to be legally excluded and will sit in the aligned budget. The City of London Corporation and London Borough of Hackney will place income from chargeable services in their aligned budgets.

27. The estimate for the City Pooled fund is £16 million, comprising £6 million from the City of London Corporation and £10 million from the CCG. The estimated aligned fund for the City is £5 million from the CCG and £270,000 from City of London Corporation.

28. The Financial Framework for each of the Integrated Commissioning Boards sets out the general rules and scope for the management and expenditure of funds that make up the Integrated Commissioning Fund. The s75 and financial framework details which budgets are included and whether they are pooled or aligned. The financial framework is agreed each year by the three statutory organisations.

29. The framework also sets out the requirements and makes provision for governance and accountability of:

    - The Integrated Commissioning Fund
    - The formal scheme of delegation
    - Financial planning and management responsibilities
    - Budget setting and budgetary control
    - Performance Management

30. It is proposed that the London Borough of Hackney and the City of London Corporation respectively will be the host partner for the relevant Integrated Commissioning Fund. As a minimum, the host partner will deliver regulatory requirements set out in the NHS Bodies and Local Authorities Partnership Arrangements Regulations 2000 around accounts and audits, managing a pooled fund and reporting.

31. There will be a small team who will support the new integrated commissioning arrangements on behalf of the partners. There will be a Finance Task and Finish Group comprising of the partner appropriate Financial Officers who will oversee the monthly integrated reporting. There will also be a governance manager for the Integrated Commissioning Boards and the Transformation Board and an Integrated Commissioning Programme Director who will manage the business flows within the new arrangements.

Legal Framework

32. Section 75 of the National Health Service Act 2006 and the NHS Bodies and Local Authorities Partnership Arrangements Regulations 2000 enable local authorities and NHS bodies to enter into partnership arrangements to provide a more streamlined service and to pool resources, if such arrangements are likely to lead to an improvement in the way in which their functions are exercised.

33. This allows NHS bodies to exercise health-related functions of local authorities, and local authorities to exercise NHS functions, in prescribed circumstances. It also allows the provision of staff, goods, services or accommodation between partners. Partners may not enter into partnership arrangements unless they have consulted jointly such persons as appear to them to be affected by such arrangements.

34. There will be a separate s75 agreement for each of the pooled funds and each will set out, amongst other things, the Commissioning Strategy for the use of the funds and the details of the financial framework in relation to issues such as risk share arrangements and overspends / underspends. Each s75 agreement will be a two-year agreement with a break clause after one year.

Engagement and Consultation

35. To date the engagement with external stakeholders, including patients, provider and the public includes:

- Four Quadrant engagement events in December 2016 facilitated through Healthwatch
- Consultation via representatives on the Transformation Board
- Articles in the Healthwatch newsletter
- Providers' engagement event

36. There have also been internal communications and engagement, including staff briefings, presentations and an event for commissioners across the three organisations.

Options

37. The two main options are to enter into integrated commissioning arrangements with City and Hackney CCG, or not. An analysis of the two approaches is set out below.

Entering into an integrated commissioning model

38. This model offers a number of potential opportunities for the City of London Corporation. It would provide:

- 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 that 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.

39. There are also some potential risks associated with these arrangements:

- The integrated budget would only cover residents registered with The Neaman Practice, which is part of City and Hackney CCG. The existing issue of linking up with Tower Hamlets services and other providers would remain. However, discussions will take place about extending the scheme across other CCGs once any arrangements had been set up.
- The issue of City workers has been raised. The City of London Corporation has public health responsibilities for this group but City and Hackney CCG does not. City workers have been included in the terms of reference for the City Integrated Commissioning Board, but clarifying the decision-making process within integrated commissioning for the public health schemes for City workers will need to be addressed.
- There would be a 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 addresses this.
- The CCG funding within the pooled budget would be higher than that from the City of London Corporation.
- Appropriate disaggregation of funding and savings made from the CCG for City residents is necessary. The CCG is keen to ensure 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, there has been agreement that the pooled budget could be reviewed in the light of experience.
- The impact of managing and resourcing additional governance structures would need to be addressed. This is currently being worked through.

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

Not entering into an integrated commissioning model

40. Not entering into the integrated commissioning arrangements 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 mitigates 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

41. This report recommends Members give approval to enter into a single integrated commissioning model with City and Hackney CCG.

42. 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
    - align with current best practice and direction of travel.

43. Although there are potential risks for the City of London Corporation in adopting this model, discussions about the governance arrangements and financial framework have provided the opportunity to mitigate the risks.

44. There has been some successful joint commissioning between the City of London Corporation and London Borough of Hackney previously. This latest project represents an evolution and, subject to joint governance being managed, the joined-up service should increase efficiency.

Corporate & Strategic Implications

45. KPP3 of the Corporate 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.

46. Health and social care integration is an action of the Department of Community and Children's Services Business Plan.

47. Health and social care integration is a priority in the Joint Health and Wellbeing Strategy.

Implications

Legal implications

48. Contained within the body of this report.

Financial implications

49. 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. To mitigate these risks, the City of London Corporation will enter into a formal s75 agreement and supporting financial and governance framework. These clearly set out the scope of the pooled budget, the ground rules for its use and the treatment and responsibility for overspends, as well as address how conflicts in budget-setting priorities will be settled.

50. The Integrated Commissioning Board will only be able to operate within the scheme of delegation agreed by the City of London Corporation and the CCG, as both would retain ultimate statutory responsibilities.

51. The Chamberlain has been consulted regarding any VAT risk that might arise from the integrated commissioning arrangements. In the first year, the City will only be commissioning services that are the statutory responsibility of local authorities and will be able to fully recover any VAT incurred under the local authority VAT regime.

52. The City may have responsibility for commissioning a mix of local authority and NHS services in subsequent years. Further advice will be sought from the Chamberlain and our tax advisors at the appropriate time to ensure there are no adverse VAT implications arising from these arrangements.

HR implications

53. As one of the lead commissioners, appointment to posts will need to adhere to City of London Corporation standing orders and employment policies including safeguarding requirements as appropriate.

Procurement implications

54. The Procurement Team has been consulted on the proposals in this paper. The detail of how this will work is to be developed and agreed. Procurement will be involved in these discussions.

Equalities Implications

55. A Test of Relevance has been carried out on the proposed integrated commissioning model and has not identified any negative impacts on any particular protected characteristic under the Equality Act 2010. As a result, a full impact assessment has not been carried out.

56. As the integrated commissioning arrangements develop and existing services potentially change or new ones develop, specific tests of relevance would be undertaken.

Conclusion

57. The context for commissioning health and social care services is changing in response to increasing financial pressures and rising demand.

58. City and Hackney CCG has proposed to develop 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.

59. This paper recommends to Members that the City of London Corporation agrees to enter into integrated commissioning arrangements with City and Hackney CCG. Although 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 aim to mitigate some of these risks.

Background Papers

Report to Community and Children's Services Committee 18 November 2016
http://democracy.cityoflondon.gov.uk/documents/s71405/Integrated%20Commissioning%20Model%20Grand%20Committee%20Report%20FINAL%20AM.pdf

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