



Friday 24 June 2011

HEALTH SCRUTINY BOARD

A meeting of **Health Scrutiny Board** will be held on

Thursday, 7 July 2011

commencing at **2.30 pm**

The meeting will be held in the Meadfoot Room, Town Hall, Castle Circus,
Torquay, TQ1 3DR

Members of the Committee

Councillor Barnby
Councillor Brooksbank
Councillor Davies
Councillor Doggett

Councillor James
Councillor McPhail
Councillor Morey
Councillor Thomas (J)

Our vision is for a cleaner, safer, prosperous Bay

For information relating to this meeting or to request a copy in another format or language please contact:

James Dearling, Town Hall, Castle Circus, Torquay, TQ1 3DR
01803 207035

Email: scrutiny@torbay.gov.uk

HEALTH SCRUTINY BOARD AGENDA

1. **Election of Chairman**
To elect a Chairman of the Health Scrutiny Board for the 2011/2012 Municipal Year.
2. **Apologies**
To receive apologies for absence, including notifications of any changes to the committee membership.
3. **Appointment of Vice-chairman**
To consider appointing a Vice-chairman of the Health Scrutiny Board for the 2011/2012 Municipal Year.
4. **Minutes**
To confirm as a correct record the minutes of the meeting of the Health Scrutiny Board held on 10 March 2011.
5. **Declarations of interests**
 - (a) To receive declarations of personal interests in respect of items on this agenda.

(Pages 1 - 4)

For reference: Having declared their personal interest members and officers may remain in the meeting and speak (and, in the case of Members, vote on the matter in question). If the Member's interest only arises because they have been appointed to an outside body by the Council (or if the interest is as a member of another public body) then the interest need only be declared if the Member wishes to speak and/or vote on the matter. A completed disclosure of interests form should be returned to the Clerk before the conclusion of the meeting.

- (b) To receive declarations of personal prejudicial interests in respect of items on this agenda.

For reference: A Member with a personal interest also has a prejudicial interest in that matter if a member of the public (with knowledge of the relevant facts) would reasonably regard the interest as so significant that it is likely to influence their judgement of the public interest. Where a Member has a personal prejudicial interest he/she must leave the meeting during consideration of the item. However, the Member may remain in the meeting to make representations, answer questions or give evidence if the public have a right to do so, but having done so the Member must then immediately leave the meeting, may not vote and must not improperly seek to influence the outcome of the matter. A completed disclosure of interests form should be returned to the Clerk before the conclusion of the meeting.

(Please Note: If Members and Officers wish to seek advice on any potential interests they may have, they should contact Democratic Services or Legal Services prior to the meeting.)

6. **Urgent items**
To consider any other items that the Chairman decides are urgent.
7. **Update on Occombe House**
To consider an update in relation to Occombe House.
8. **Next Steps in implementing the strategy to improve the quality, accessibility and range of short breaks for children and young people with complex needs arising from disability** (Pages 5 - 8)
To consider proposals for commissioning short breaks for children and young people with physical and learning disabilities.
9. **Progress of the personalisation of health and social care in Torbay** (Pages 9 - 36)
To consider a progress report in relation to personalisation of care in Torbay.
10. **Fairer Contributions Policy Implementation in Torbay** (Pages 37 - 48)
To consider the implementation of the Fairer Contributions Policy for adult social care in Torbay.
11. **Health Scrutiny Board Annual Work Programme 2011/12** (Pages 49 - 54)
To consider the health overview and scrutiny work programme for 2011/12.

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Minutes of the Health Scrutiny Board

10 March 2011

-: Present :-

Councillors Carter (C) (Vice-chair), Excell, Faulkner (A), McPhail, Oliver, Richards, and Thomas (J)

(Also in attendance: Councillor Amil)

577. Election of Chairman

Councillor Richards was elected Chairman of the Health Scrutiny Board for the remainder of the 2010/2011 Municipal Year.

Councillor Richards in the Chair

578. Apologies

Apologies for absence were received from Councillors Morey and Bent.

579. Committee Membership

It was reported that, in accordance with the wishes of the Conservative Group, the membership of the Board had been amended for this meeting by including Councillor Oliver instead of Councillor Manning.

580. Minutes

The Minutes of the meeting of the Health Scrutiny Board held on 2 December 2010 were confirmed as a correct record and signed by the Chair.

581. Ocombe House re-provision

The Board considered Reports 49/2011 and 284/2010 which provided information on proposals for the re-provision of Ocombe House services. Report 49/2011 requested a decision from the Health Scrutiny Board as to whether the proposals constituted a substantial development to services in the area or a substantial variation to the provision of such service. The Chief Executive Officer, Torbay Care Trust, introduced Report 49/2011.

Members referred to and sought clarification concerning the Mayor's decision of 11 February 2011 made following consideration of the Ocombe House re-provision by Council on 2 February 2011. In response, the Board was advised by the Chief Executive Officer, Torbay Care Trust, that the Ocombe House site would be an option considered for supported living facilities once individual person centred plans were finalised.

A representative of the families of the residents of Occombe House addressed the meeting, expressed concerns with the proposed change, and suggested the proposed change constituted a substantial variation to service. The families of the residents of Occombe House circulated a copy of an article from the *Daily Telegraph*, 20 February 2011. Matters raised by the representative of the families of the residents included the apparent lack of supporting evidence for assertions within Report 49/2011, the incapacity of residents to exercise choice, the affects of re-location upon the Occombe House residents, the psychological assessment for individuals of the proposed service change, the accessibility to the service for future users, the role of SPOT and Vocal, and the cessation of the respite service at Occombe House.

Members asked the Chief Executive Officer, Torbay Care Trust, to respond to the issues and concerns raised by the families of the Occombe House residents. In response, the Chief Executive Officer, Torbay Care Trust, indicated he was not willing to reply and that relevant information had been provided previously to various Council meetings. Board members expressed their dismay with the stance of the Chief Executive, Torbay Care Trust. [The Chief Executive Officer, Torbay Care Trust, subsequently offered an apology to the Board for his conduct at this point in the meeting, Minute 584 refers.]

Board members discussed progress since Occombe House re-provision was considered by the Board at its meeting on 2 December 2010. The meeting was advised that the appropriate UK Government Minister had been made aware of the proposed service change by a Councillor.

In response to questions, the Board was advised that following the Mayor's decision to require the appointment of independent advocates to support the clients and families at Occombe House new advocates had not been appointed, rather the Care Trust had continued with the appointment of Vocal as independent advocates.

Members considered the condition of Occombe House and the terms under which it had been leased to the Care Trust by the Council. Board members considered the lack of supporting evidence for Care Trust comments within report 49/2010.

Board members questioned why assurances could not be given to relatives of the Occombe House residents that the re-provided service would be within thirty miles of the current service location.

In response to questions about progress and the provision of further information, the Chief Executive Officer, Torbay Care Trust, referred to the date of the Mayoral decision [11 February 2011].

Members indicated the value in possible delay of any closure decision or service change relating to Occombe House until July 2011. The Chief Executive Officer, Torbay Care Trust, indicated that time would be needed to develop the service change proposals and a service change would not occur prior to the July 2011 meeting of the Health Scrutiny Board

Members discussed the change from group home or residential care to independent living or supported living and the issue of substantial variation or development. In response to questions, the Board was advised about subsequent consultation by the Care Trust with Overview and Scrutiny as a result of any substantial variation to service

determination. The Board was advised that the Care Trust should not proceed with implementing proposals until consultation with Overview and Scrutiny was complete and Overview and Scrutiny had concluded it had been consulted adequately and supported the proposals. The Board was advised that referral of the issue to the Secretary of State was a last resort.

Resolved: (i) that Torbay Care Trust be advised the change proposed for the Occombe House service constitutes a substantial variation to the provision of service;

(ii) that the Care Trust be requested to provide Overview and Scrutiny with a firm project timeline and comprehensive project plan that includes a clear suggestion of when valid and meaningful consultation with Overview and Scrutiny occur; and

(iii) that, in accordance with the Mayor's decision of 11 February 2011, the Chief Executive Officer, Torbay Care Trust, appoints independent advocates to support the clients and families at Occombe House.

582. Brixham Hospital Site Development: 'Brixham Health & Care Village'

The Board considered Report 50/2011 which provided information on the service requirements and developments of the Brixham Hospital site. The proposed developments within Report 50/2011 included the re-provision of St Kilda's residential home, the re-location of two GP Surgeries to the hospital site, provision for Brixham Community Health and Social Care Team, and provision of extra care housing.

The Head of Estates, Torbay Care Trust outlined the user involvement and engagement activities undertaken, including with the Brixham Hospital League of Friends, the local community partnership, and Brixham Town Council.

In response to questions, the Board was advised that the proposal would not to be financed by a private finance initiative and that the Council's contribution to the scheme would be considered at Cabinet on 22 March 2011.

The Board was informed that Sandwell Community Caring Trust would develop the building for the re-provided St Kilda's, borrow necessities monies, and develop the service.

Members questioned the accessibility of the re-located services, with particular reference to on-site car parking. In reply the Board was advised that car parking would be maximised, with traffic flows for GP services toward the bottom of the site and for St Kilda's services at the top of the site.

Resolved: that Health Scrutiny Board members welcomed the anticipated benefits of the Brixham Hospital Site Development proposal and the Council's financial contribution to the scheme.

583. Care Homes – Changing Market and Evolving Opportunities

The Board considered Report 51/2011 which provided information on the care homes market in Torbay and the reshaping of the market. The Chief Executive Officer, Torbay Care Trust, indicated that the Care Trust spent approximately £26-£27 million in

residential and nursing homes on behalf of the Council and that the public sector funded only a proportion of the market.

The Chief Executive Officer, Torbay Care Trust, suggested that care homes were a topic suitable for future investigation by Overview and Scrutiny. Board members agreed that the topic be put forward for consideration in the Overview and Scrutiny work programme for 2011/12.

The Chief Executive Officer, Torbay Care Trust, advised the Board of concerns caused by changes to the role of the Care Quality Commission.

A member of the public addressed the meeting and spoke of the risk of better providers failing if payment was not commensurate with care provided. The Chief Executive Officer, Torbay Care Trust, indicated that Torbay paid fees less than the average for both nursing homes and residential homes and received above average care.

Resolved: that Report 51/2011, Care Homes – Changing Market and Evolving Opportunities, be noted.

584. Transforming Community Services – Torbay Care Trust merger with Southern Devon Integrated Adult Community Services

The Board considered Report 52/2011 which provided an update on the Transforming Community Services change programme, including the transfer of adult community services for Southern Devon to Torbay Care Trust.

The Chief Executive Officer, Torbay Care Trust, advised the Board that funding arrangements under the merged services would be transparent. The Board was advised that replacement of elected member representation on the Care Trust Board would follow the May local government election.

Members discussed the value of partnership working including the merit of joint scrutiny.

The Chief Executive Officer, Torbay Care Trust, apologised to the Health Scrutiny Board for his earlier intransigence and refusal to answer questions [Minute 581 refers].

Resolved: that an update on Transforming Community Services and the merger between Torbay Care Trust and Southern Devon Integrated Adult Community Services be provided to the July 2011 meeting of the Health Scrutiny Board.

Chair

**Overview
& Scrutiny**
Confidence in your Council

Title: Next Steps in implementing the strategy to improve the quality, accessibility and range of short breaks for children and young people with complex needs arising from disability

Public Agenda Item: Yes

Wards Affected: All Wards in Torbay

To: Health Scrutiny Board On: Thursday 7th July 2011

Contact Officer: Rebecca Harty, Elizabeth Payne

Telephone: 01803 210497

E.mail: rebecca.harty@nhs.net / Elizabeth.payne@torbay.gov.uk

1. Introduction

This report provides an update to the Health Overview and Scrutiny Committee on the next steps in implementing the strategy to improve the quality, accessibility and range of short breaks for children and young people with complex needs arising from disability. Reports 153/2010 from 17th June, 188/2010 from 15th July 2010 and 286/2010 from 2nd Dec 2010 provide additional supporting information for this service improvement.

2. Details of the service development

In 2007 Torbay reviewed the provision of short breaks for children with disabilities concluding that, whilst there was a good range of provision in place, more choice was needed for families particularly those with children with physical disabilities and medical needs, and that more families of children with disabilities needed access to inclusive 'universal' services.

Key themes from the Short Breaks Review:

- inequity and inconsistency in service provision
- services have historically been based around facilities rather than children's needs
- a need to reduce reliance on residential overnight services, that have been depended upon as day services are limited
- services should be child-focused and cost effective
- a wish for children and young people with physical and learning disabilities to be able to access the types of activities that children without disabilities access e.g. sports, days out and clubs
- a need for a range of residential provision

In 2008 the government launched "Aiming High for Disabled Children", a programme

aimed at transforming services for families of disabled children in order to support them to have to ordinary everyday lives. A key strand of the work was to significantly improve the quality and quantity of short breaks available to children and families. £34 million was released through local authorities and PCT's to support this transformation. In the last three years, Torbay has demonstrated a significant increase in the range and choice of short breaks available to local families.

The number of families receiving a short break has increased from 135 in 2008 to 621 in March 2011. The families are accessing a range of short break services including family to family, care in the home and inclusion services. Some receive direct payments to purchase services, others prefer to receive directly commissioned services. The number of families in Torbay receiving Direct Payments has increased by 241% since 2008/9, showing that families in Torbay are choosing to have the flexibility and choice that Direct Payments offer.

The Short Breaks review, and subsequent work through the Aiming High programme to expand the options available for families, highlighted a need to re-commission the residential overnight short break provision for children with complex needs as numbers of users accessing the John Parkes Unit (JPU) have fallen. In addition the unit cannot care for increasingly complex children, such as those requiring ventilation. This means that families with children in this category of need cannot access the current residential overnight service. National good practice has moved away from stand alone medical models of care to more flexible social models of short break care that happen across a wide variety of settings. Research shows that this enables children to live as ordinary lives as possible, having breaks with friends and family included or nearby and parents are able to have a more normal relationship with their child (Social Care Institute for Excellence 2009). Currently 10 children use the John Parkes Unit and the numbers will further diminish over the next 3 months as some children transfer to alternative family-based provision that they have chosen.

The Integrated Joint Agency Children's Disability Service worked with families to agree the best approach to equitable sharing of the short breaks financial envelope. The system adopted by families, Fair Access to Carers Breaks, provides a point score based on a full needs and outcomes based assessment of child, family, sibling and carer needs. This point score equates to an approximate amount of resource – the indicative allocation. Currently the users of the John Parkes Unit do not receive direct payments to pay for their JPU care as this is funded via the NHS block contract. The vision is for families to receive direct payments/individual budgets so they can choose what they want to use. This means that the cost of services must be reasonable to enable families to get the best value for money.

In July 2010 the Health Scrutiny Committee considered the proposal to embark on a procurement process for short break services to include residential overnight, day care, in-reach care and emergency breaks for children and young people with complex needs arising from a disability. A presentation about the Short Breaks Transformation work that has been jointly undertaken by Torbay Children's Services, Integrated Joint Agency Children's Disability Service; and Torbay Care Trust was shared with the Committee on 15/07/10; along with the draft service specification so that the Committee could see the proposed method of service delivery. At that time the Committee felt that they did not have sufficient information to indicate whether the proposed change would constitute a substantial variation to the provision of services or a substantial development of services; and it was agreed that once provider options had been identified, the would be able to

advise on this. The issue of substantial variation is still outstanding.

In December 2010 the Health Scrutiny Committee agreed that we should proceed with an 'Any Willing Provider' procurement process in order to stimulate the market and develop a menu of options. A provider briefing event was organised for January 2011. That offered an opportunity for providers to understand the brief, the procurement method, process and timeframe. Parents and carers that use the John Parkes Unit presented their views as to what they would want to see from service. The event was well attended by a range of national and local providers and members of the Health Scrutiny Committee attended to observe.

Following the event, providers submitted their responses to stages one and two of the 'Any Willing Provider' process, six providers completed both stages. As a result of the evaluation process, three providers have been identified as providers who could deliver the service specification. The Committee needs to know that South Devon Healthcare Foundation Trust is not one of those providers, however due to the commercial in confidence nature of the process; the Care Trust is unable to declare who these are yet.

In light of this, the Committee are now asked to identify whether they consider the proposal to be substantial, and if so to provide clarity on the purpose of consultation.

3. Public involvement:

A focussed review of short break services for children with complex health needs began with a 'Listening and Design' event in September 2009 with users of the John Parkes Unit and a 'Short Breaks Working Party for Children with Complex Health Needs' was formed. The Working Party met eight times face to face from October 2009 to October 2010 to identify the elements that should be captured within a service specification: how much residential overnight short break provision is needed, of what type and quality. Wider parents views were canvassed via a consultation carried out in January and May 2010 and a service specification was developed based on what parents had said.

The specification asked for providers to deliver a range of services including residential overnight care, day care, care within family homes, emergency breaks and optional provision included befriending and reflected the things the parents and carers said were important to them: breaks should be fun and stimulating for the children, parents want continuity of care and high quality, safe services to manage high level care needs.

Locally designed criteria for evaluating providers were developed with parents and carers; and the scores were weighted 70% attributed to quality and 30% to price. We deliberately moved away from the traditional health and social care weighting of 60 % quality and 40% price as we wanted to ensure that quality was at the forefront of the decision making process.

To facilitate the evaluation process we asked providers clarification questions, visited their services where they exist; and met with them face to face as part of the scoring process. Parents participated in evaluating providers who have expressed an interest in delivering residential overnight care as this type of care only as this is the area of the specification that they were most interested in; and parents had the opportunity to visit the residential provider where they were able to look around and ask any questions that they had. Follow up meetings to document the parents and carers evaluations of the providers and their concerns have taken place. Parents have been keen to be a part of the decision making

process throughout, we have met face to face six times throughout the procurement process, January to June 2011, and we have continued to stay in contact via telephone and email. We are planning another meeting with parents in July to discuss the outcomes of the procurement process and how parents might pool individual budgets.

The Strategic Health Authority has closely followed and provided advice on the engagement process.

4. Next Steps:

- Consultation with the Health Scrutiny Committee as a Committee
- Further briefings with the affected families
- Recommendations to the Torbay Care Trust Board on 20th July 2011 on the three providers

Documents available in members' rooms

None

Background papers

- Commissioning Short Breaks for Children and Young People with Physical and Learning Disabilities- HOSC 17th June 2010
- Commissioning Short Breaks for Children and Young People with Physical and Learning Disabilities- HOSC 15th July 2010
- Commissioning Short Breaks for Children and Young People with Physical and Learning Disabilities- HOSC 2nd December 2010



Title: **Progress of the personalisation of health and social care in Torbay**

Public Agenda Item: **Yes**

Wards Affected: **All Wards in Torbay**

To: **Health Scrutiny Board** On: **7 July 2011**

Contact Officer: **Nicola Barker**
Telephone: **01803 210420 / 07818 092624**
E.mail: **Nicola.barker@nhs.net**

1. Key points and Summary

1.1 The Our health, our care, our say White Paper outlined the key elements of a reformed adult social care system in England; a system able to respond to the demographic challenges presented by an ageing society and the rising expectations of those who depend on social care for their quality of life and capacity to have full and purposeful lives. Choice and control, dignity and respect for clients and their carers as experts in identifying their needs were all contained within what has become known as “Personalisation”.

- Self-directed support, outcome focussed support plans and personal budgets (PBs) become part of our core delivery in social care funded support and all eligible clients should have a PB April 2013.
- Think local, Act Personal, the sector-wide partnership document that endorses personal budget delivery and promotes (as does Government policy) an expectation of Direct Payments as the main delivery mechanism for most PB recipients.
- Personalisation Programme and related work-streams continue beyond the Transformation period of 31st March 2011 (see attached Programme for 2011/12)
- Community based support services are developed in partnership with providers to ensure the market can adapt to enable clients and their carers to access services which are outcome focused to meet their needs
- Self-management and self care are promoted to increase independence and reduce reliance on statutory support
- Assistive technologies including tele-health and tele-care are part of the offer to clients to ensure they maximise their choice and control when living with long term health conditions which impact on their social interaction and confidence

2. Introduction

2.1 The ethos behind the personalisation programme in Torbay is that the total system change required for success will only occur through a framework to support the programme in terms of strategies, policies and procedures, resources, meetings, training, development and culture.

Structure and infrastructure for Personalisation

- Personalisation Board meets monthly to drive the programme. The board and associated work-streams has membership from Torbay Council, Torbay Care trust, Children's Services and Devon Partnership Trust, LINKs, the Third Sector, carers and members of the public
- Personalisation Operational Group (POG) – Meets monthly to share learning, processes, risks and success's to ensure effective implementation in zone teams
- Personal Health Budget Ops Group (PHOG) – PHB pilot team meets monthly
- Communication and engagement group meets monthly to communicate the vision of personalisation in Torbay to all stakeholders
- Governance and Risk & Issues strategies in place

Education and development for staff

- Advanced Development Programme (linked to co-creating Health project)
- Personalisation in Practice (PIP) meetings in zones to support staff with concerns, support planning and sharing learning and ideas
- Team meetings, staff forums, leads events, staff seminars etc
- Intensive training plan continues in all zones/teams which included nationally acclaimed independent sector trainers such as Helen Sanderson Associates.

Personalisation Programme Plans for 2011/12

Please refer to the attached overview document and individual workplans

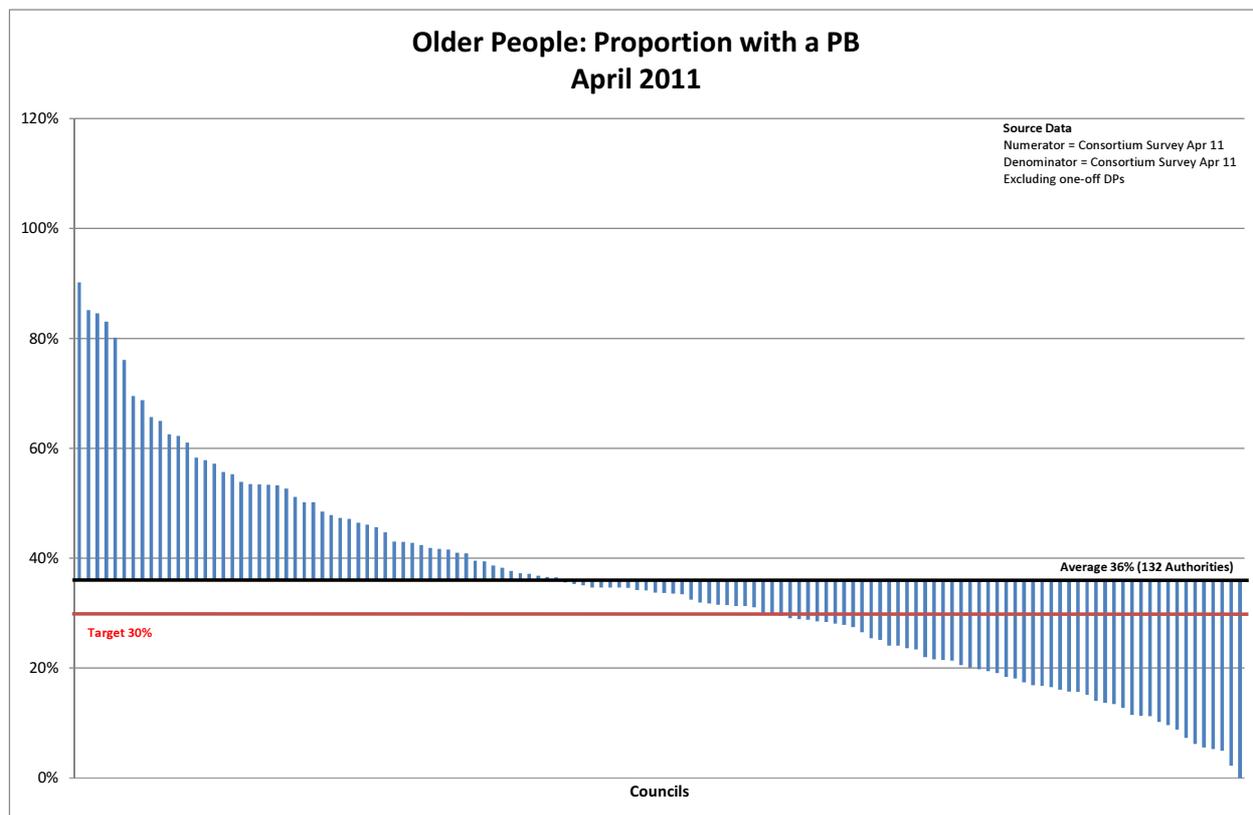
Self directed support (SDS) and personal budgets – key to the success of personalisation

This work-stream is led by Sonja Manton – Deputy Chief Operating Office (Care Trust).
Government milestone: 100% clients have a personal budget by April 2013.

The Trust can be the commissioner of services/activities, the client does not have to manage their budget or opt for support to manage their budget. This entails a revision to current brokerage activity, contract monitoring, direct payment process and financial assessment – these are being addressed through a workforce development group led by Phil Waite.

Torbay Care Trust achieved **27.6% PB** (with inclusion of DPT this reduces to 24.4%) against the 30% target set for April 2011.

Below is the national position from 132 local authorities:



Operational Directorate action plan to embed personalisation

- Action plan owned by POG – incorporates policy and process
- Standard operating process, paperwork, risk assessment and Resource Allocation System training programme completed – on-going support/training/review
- Champions identified in all zones and working with/to inform new processes
- Directors, Zone Managers & Leads set objectives around personalisation
- Zone targets on PB performance set – dashboard set up to monitor progress to 40% Government target to April 2012
- Weekly Resource Allocation Meetings in zones to reinforce learning and share concerns/good practice.
- Team meetings, staff forums, leads events, staff seminars etc to embed new culture
- Resource Allocation System = indicative budget – go-live 1st November in line with intensive training on new process. Recalibration based on actual budgets August 11 (inclusive of DPT) Here is a snapshot of the budget savings and increase in client focused outcomes from one of the zone champions:

Savings of £55k achieved by using new self-directed support plans and RAS indicative budgets without compromising client care or increasing risks. Clients explore what has been working well or not so well within their current care – mainly personal care such as washing and dressing – and look instead at achieving outcomes personal to them which enable active participation to reduce their dependency on services, increase mobility, mental health and social interaction.

- On-going review to reduce assessment and support planning paperwork in Paris IT system
- Single Care Record in development – IT leading
- New Business Support Team established to underpin PB activity and provide quality assurance
- Launch of Simple Aids to Daily Living – SADLs – please see appendices

- **New Fairer Contribution Policy** overlays Fairer Charging Policy (the latter is national guidance based on the Torbay financial assessment model) – **a separate briefing report is attached to explain this in greater detail**, however this report contains headline changes.

Fairer Contributions Guidance

- National Government Policy Guidance issued July 2009
- Moves away from a service based model of charging to a system based on an individual's ability to pay towards the cost of their care
- 30 clients who are full cost will receive 12 months transition, following this the subsidy for their services will be removed
- An equality Impact assessment was completed for the full cost clients and they have been consulted personally on the new policy.

Information and advice

There is universal access to advice and information and the public are informed about where they can go for the best information and advice about their care and support needs.

- Information, Advice and Advocacy (IAA) strategy produced in consultation with Council, Third Sector, Trust colleagues and members of the public
- Torbay council to take lead on IAA implementation
- Collaboration of 4 providers following a tender for Active Living Centres and baywide advice and information services
- Consultation completed on web option to support universal information – Open Objects – this portal offers universal access across Torbay on a wide range of services, activity and information. It would be accessible from a number of outlets including libraries, pharmacies, Council and Trust websites.

Commissioning community based services

There are 4 key areas to this work stream, shaping the market, de-commissioning, third sector development and contract monitoring.

- Dom Care provider led pilot to trial PB's in Brixham – initiation planned July 2011
- Folks at Home project (£45K spent – savings @ £200K +) bay-wide roll out commenced
- Supporting People providers offer PB's within current contract
- Support, Care and Community Services Framework – 3 launch events for local providers in November (Tracy Field and Fran Mason)
- Outcomes workshop for domiciliary and SP providers, clients and commissioners March 21st 2011
- Single Provider Forum launch June 2011
- Block domiciliary care contracts under review
- Extra Care Housing provision available at Dunboyne
- Adult Social Care Commissioning and Supporting People team joint working project.

Prevention

- Prevention and early intervention key within Commissioning Strategy
- Personalisation key theme in new GP Commissioning Group for Long Term Conditions
- QIPP project based on personal budgets to support Diabetes care
- Falls prevention: Postural Stability Instructors funded from Personalisation Grant – anticipate that prevention of one hospital admission as a direct result of a fall will cover project set up (£25K)
- Successful Tele-health project in progress supporting clients with COPD – see attached report in appendices
- Co-creating Health Project in 2nd phase, bid based on link to personalisation programme. Staff, GPs and consultants engaged in Advanced Development Programme (techniques

for professionals in promoting self care and management for people with long-term conditions); clients engage in 7wk course to enable self care and reduce health/social care interventions

- Planning underway to increase use of tele-care and assistive technologies
- Torbay Public Health Plan “Good Health Matters to all of Us”

Governance and Assurance

- Business Support Unit established to underpin qualitative assurances to Trust and Council (see Workplan within programme plan 2011/12)
- Experts by Experience Group – User-Led group

Partnerships and engagement

- Public involvement throughout the programme, including the Board
- Communications strategy, stakeholder map and implementation plan in place
- LINks event (part funded by Care Trust) planned for September 2011 with Third Sector
- Website refreshed
- Leaflet developed for distribution to all Direct Payment and Supporting People clients
- Quest (Client peer review group – see attached leaflet) following up initial distribution with clients to ensure message is clear and understood - report to Board August 2011
- Briefing by Personalisation team to Councillors in October 2010
- Re-launch of Older Persons Board in October will include public involvement and leadership of personalisation in Torbay
- Quest to explore and evaluate staff, client and community understanding from October by various methods including interviews, mystery shopping etc

Nicola Barker

Head of Business Support, Torbay and Southern Devon Care Trust

Appendices

Appendix 1

Assistive Technology Project update and SADL’s report (Simple aids to daily living)

Appendix 2

Snapshot of case worker activity illustrating budget savings and higher quality customer experience **(TO FOLLOW)**

Documents available in members’ rooms

Think Local, Act Personal

Putting People First 2007

Making Progress

10 Questions for scrutiny of the transformation of adult social care

CQC Putting People First

Background Papers:

The following documents/files were used to compile this report:

Personalisation Programme for 2011/12

Risk assessment for Personalisation Programme

Personalisation Board Terms of Reference

Personalisation Operational Dashboard

Resource Allocation System and Supported Self- assessment Questionnaire Information

Self-directed Support Plan

Assurances for the personalisation programme 2011

Outcome: The progress of the programme is monitored to ensure the organisation achieves the specified outcomes whilst safeguarding all stakeholder interests throughout the process

Personal budget monitoring	Quantitative programme monitoring	Qualitative programme monitoring	General assurances	Efficiencies
Outcome based review includes use of personal budget and light touch monitoring of direct payments	Measure the timeliness of review aligned to individual outcomes	Develop and implement a cohesive system to collate qualitative user experience to measure the effectiveness of the support/ care provided	Work with internal and external auditors to gain assurance about the effectiveness of governance arrangements	Create and implement a mechanism to demonstrate value for money and financial impact of using personal budgets in an outcome based system (spending patterns and outcomes v spend)
Develop and implement a mechanism to audit User Led Organisation capacity to deliver direct payments for clients and carers	Measure the number of direct payments	Undertake User Surveys (commencing with ViewPoint)	Publish details of how resources are allocated to personal budgets	Identify efficiencies and cost savings from personal budgets and self directed support and prevention
Define and implement a process to review and manage direct payments for clients where there are concerns or risks	Measure the number of personal budgets	Experts by Experience Group undertaking Discovery Interviews with clients receiving personal budgets.		Develop medium term plans that consider the affordability of personal budgets and likely demand for services
Review internal controls for preventing fraud and misuse of funds by Care Trust staff	Measure the effectiveness of care and support in meeting agreed outcomes			
Consider options for providers undertaking reviews based on client outcomes	Measure the number of safeguarding cases			
	Measure the number of hospital admissions			
	Measure the number of hospital re-admissions			
	Measure the reduction in packages of care			
	Measure the reduction in use of residential and nursing care			

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Commissioning personalisation work stream plan to year end 2011

Outcome: Commissioning shapes a free market, moving away from traditional block contracts towards a plurality of new quality services commissioned in response customer choice

March	April	May	June	July	August	September	October	November/ Dec
Start work with care providers to influence their services and ensure they meet personal budget holder needs  (Mechanism to capture and feed unmet need to commissioning must be in place)	Care Trust Board decides to develop a free market through the implementation of framework contracts and the Any Willing Provider process  (lack of services and providers to choose will undermine the transformation)	Develop framework contracts to allow council to select several service providers based on their ability to deliver against specific quality and delivery standards	Recommend the necessary investment in Assistive Technology to the Care Trust Board					
	Develop specifications which inform the criteria for Any Willing Provider (must include review periods aligned to outcomes)	Care Trust gives notice on block providers	Care Trust Board decides whether to invest recommended amount in Assistive Technology					

KEY: Care Trust Board key decision

Programme milestone

 Risk area

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Information, Advice and Advocacy work stream plan to year end 2011
Outcome: The entire population of Torbay regardless of ability, disability, resources or age has access to up to date, accurate, and effective IAA

April	May	June	July	August	September	October	November	December
Changes are made to IAA strategy and recommendations as a result of the IAA event								
Care Trust Board recommends that ownership of the IAA work stream shifts to Torbay Council								
IAA strategy and recommendations are ratified via Care Trust Board, Council and Torbay Strategic Partnership								

KEY: Care Trust Board key decision  Risk area 

Programme milestone 

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Personalisation programme – Overview of key milestones and decisions end March 2012 NHS protect	
KEY	PROGRAMME MILESTONES
KEY DECISIONS	OUTCOMES
Self Directed Support	<p>Care Trust Board decides how best to influence the personalisation of DPT</p> <p>RAS is re-calibrated</p> <p>All client contacts are personalised and outcome focused (85% have a personal budget by April 2012)</p> <p>A 3rd party is in place to administer DPs</p> <p>Direct payment becomes the main offer for personal budgets(20% interim milestone by April 2012)</p> <p>Providers carry out support planning and reviews within personal budget to agreed outcomes and timeframes</p> <p>By April 2013 100% of eligible service users and carers have a personalised support plan and personal budget (mainly via a direct payment)Thus ensuring that people, not service providers hold the choice and control over their care. This is achieved through leadership bringing about real cultural change.</p>
Information and advice	<p>Personalisation board makes recommendation re ownership of the IAA strategy</p> <p>Care Trust and Council agree which organisation owns which part of the strategy</p> <p>IAA strategy and recommendations are ratified by Care Trust, Council and Torbay Strategic Partnership</p> <p>Council decide lead owners for the 3 strands of the strategy.</p> <p>Open objects is implemented</p> <p>Active Living Consortium is fully constituted by end August 2011</p> <p>The entire population of Torbay regardless of ability, ability, resources or age has access to up to date, accurate and effective information, advice and advocacy</p>
Commissioning	<p>Care Trust Board agrees to increase focus on outcomes and contracts support this process</p> <p>Open objects enables sharing of support plans and feedback on services</p> <p>Reablement that optimises staff skills across organisational boundaries is rolled out</p> <p>Expert patient forums exist to enable people to improve their wellbeing and service delivery with professional support</p> <p>Providers undertake reviews with clients</p> <p>An assistive technologies strategy is developed</p> <p>Regional frameworks enable cross boundary contract monitoring and quality assurance</p> <p>Commissioning shapes a free market which comprises quality and variety where services are responsive to customer choice and promote and prolong independence</p>
Workforce	<p>Care Trust Board agrees to pilot phase 1 recommendations from the workforce review for the care support workforce</p> <p>Success of workforce pilot is reviewed</p> <p>Care Trust Board decides whether to implement workforce changes across all zones</p> <p>Plans to enable required workforce changes are developed (to include a communications plan)</p> <p>Phase 2 of the workforce plan is agreed by Care Trust</p> <p>Phase 2 of the workforce plan is implemented</p> <p>Both phases are monitored, reviewed and refreshed</p> <p>The organisation's workforce is structured to enable personalisation right from first contact throughout the care journey including both front and back office functions e.g. Prevention, self directed support, commissioning and finance.</p>
Assurances	<p>Mechanisms are developed to monitor and safeguard personal budgets</p> <p>Full range of personalisation specific KPIs are measured and monitored</p> <p>Qualitative systems are developed to evaluate progress towards outcomes</p> <p>The effectiveness of governance arrangements for the programme are audited</p> <p>Value for money and the impact of personal budgets in an outcome based system are demonstrated</p> <p>The progress of the programme is monitored to ensure the organisation achieves the specified outcomes whilst safeguarding all stakeholder interests throughout the process</p>

LEWIS

Workforce work stream plan to year end 2011

Outcome: The organisation's workforce is structured to enable personalisation, so that throughout the service user's experience of care they always see/ have contact with the right person with as few hand offs as possible and without the need to repeat personal information.

May	June	July	August	September	October	November	December
Programme Board recommends a future support work force proposal to the Care Trust Board	New support workforce set up and management arrangements agreed	Support workforce event to begin process of streamlining services and aligning functions	Programme Board submits paper to Care Trust Board defining the resources required to ensure that User Led Organisations are sustainable				Monitor and re-fresh workforce changes as necessary
Care Trust Board decides whether to agree the new proposal		Personalisation Board to agree how changes to social care workforce will be managed and taken forward to include self-directed support planning, risk assessment and safeguarding	Care Trust Board and Council decide what resources are available to support User Led Organisations  (ULO's cease to be viable and are unable to support personalisation)	Care Trust Board implementation of social care workforce options			
				Develop internal brokerage services to ensure personal budget holders have enough information to identify service providers they want to spend their personal budget with			

KEY:  Care Trust Board key decision
 Programme milestone
 Risk area

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Memo

To:

From: Carl Beardsmore

CC:

Date: June 2011

Re: Transforming Community Equipment Services – Retail Model: Simple Aids to Daily Living (SADL's).

The launch of the retail model to introduce equipment prescriptions for Simple Aids to Daily Living (SADL's) is scheduled to commence on Monday 4th July 2011.

Over 200 Torbay Care Trust authorised prescribers have been trained in how to offer an equipment prescription. Predominately Occupational Therapists and Physio's, greater numbers are anticipated from wider disciplines such as District Nursing during the coming months. As well as issuing an equipment prescription, staff will also offer an information leaflet explaining how to redeem in Torbay, the names and addresses of accredited retailers and a feedback card to share their experience and to ensure a high quality of service is sustained.

The initial range of SADL items is 95 and this is expected to increase to reflect the introduction of Healthcare equipment as well as small items of Assistive Technology. SADL items will always be below the threshold of £100.

A total of 20 retailers within Torbay; 3 in Brixham, 8 in Paignton and 9 in Torquay have been accredited against national standards. They will display a 'Trusted Provider' logo to identify themselves to the public. Any retailer may be chosen to redeem an equipment prescription. As well as offering a choice of retailer, the client or clients representative can upgrade for a different brand, colour etc by opting to pay a 'Top Up' fee. The retailers will assist in this choice and have been trained to ensure that the upgraded item will still meet the assessed outcome.

On redemption of an equipment prescription, the item(s) will belong to the client and they will have responsibility for ongoing maintenance and keeping it in good working order. When the item is no longer required or has come to the end of its useful life, the client or client's representative should dispose of it appropriately adhering to environmental and social responsibilities.

If an item becomes faulty *within* the warranty period, the client or their representative should return the item to the originating retailer. Normal Consumer Rights

will apply and in most cases the item will be replaced. Items which become faulty or wear out *outside* of the warranty period will need to be replaced by contacting their Care Manager.

The implementation profile of the retail model for SADL's is planned to take place between July 2011 and March 2012. During wthis time, the redemption of prescriptions is estimated to grow from 50/mth in July to 500/mth in March. If successful in achieving 500/mth, this will be regarded as 'Business As Usual' and will meet the milestone of having a sustainable service for both state and private funded clients.

The expectation is that 75% of prescriptions will be collected by the client or the client's representative. This is significantly lower than the current Community Equipment Service which delivers almost 100% of the prescribed items. The reduction in delivery costs together with reduced collection, decontamination and refurbishment costs are the basis of improved efficiency and productivity.

Existing approved satellite stores will remain in place. The agreed range and quantity of equipment in each will be kept up to date. The process for this is still being developed.

Memo

To:

From: Carl Beardsmore

CC:

Date: June 2011

Re: Preventative Technology (TeleSupport) Update

TELEHEALTH

The Torbay TeleHealth pilot was initiated in April 2010 as part of a larger development project to consider emerging healthcare technologies. Torbay Care Trust partnered with neighbouring colleagues in NHS Cornwall & Isles of Scilly to offer TeleHealth monitoring for up to 75 patients over a 9-month period who were diagnosed with Chronic Obstructive Pulmonary Disease (COPD).

The majority of the installations were carried out during August 2010 and monitoring went 'live' from the beginning of September. The monitoring data was hosted at a dedicated centre based in Bodmin, Cornwall. The data readings were reviewed remotely on a regular basis by our Torbay Team consisting of 5 Community Matrons and 2 Specialist COPD Nurses. The monitoring data was triaged (prioritised) by showing:

- Green indicators—patient stable and within limits
- Amber indicators—patient has not transmitted/transmission failure and follow-up required
- Red indicators— patient outside of limits and further investigation required

These indicators allowed focused management of conditions when and where they were needed the most.

Interesting Statistics

- Investment by Torbay Care Trust of approx. £80,000 for the 9-mth pilot of 75 patients.
- Investment split:
 - TeleHealth Monitors @ £1,025/patient
 - New Spirometer & accessories @ £2,000
 - Additional Nebulisers (x10) @ £1,000
- 155 patients in total identified
- 89 patients met criteria
- 80 patients consented to participate
- Participating patients represent 16 out of 21 GP Practices/Surgeries in Torbay
- Top 4 Practices/Surgeries represent 64% of patients: Barton x 19; Chilcote x 13; Corner Place x 11; Grosvenor Road x 8
- Age range of patients 37-91 yrs (average 70-yrs)
- 75 installations with 5 withdrawals:

- Deceased x 2
- Equipment too difficult to use x 1
- Did not wish to be reminded of COPD x 1
- Unhappy with time taken/energy exerted x 1
- 38 Interventions recorded (between 30/08/10 & 31/03/11) and highlighted with TeleHealth assistance
- Preliminary Evaluation Questionnaire response rate 70%

Feedback

What **Patients** are saying **positive** (23):

- “I don’t panic as much, as my readings go to my community matron and she will phone about how I feel if my readings are down.”
- “As I live alone I find it very reassuring.”
- “Knowing that I have a contact to go to for help rather than waiting for a doctor’s appointment.”
- “My wife is much more relaxed knowing that help is available.”

What **Patients** are saying **negative** (4):

- “Still the same.”
- “Don’t only suffer COPD have other conditions.”

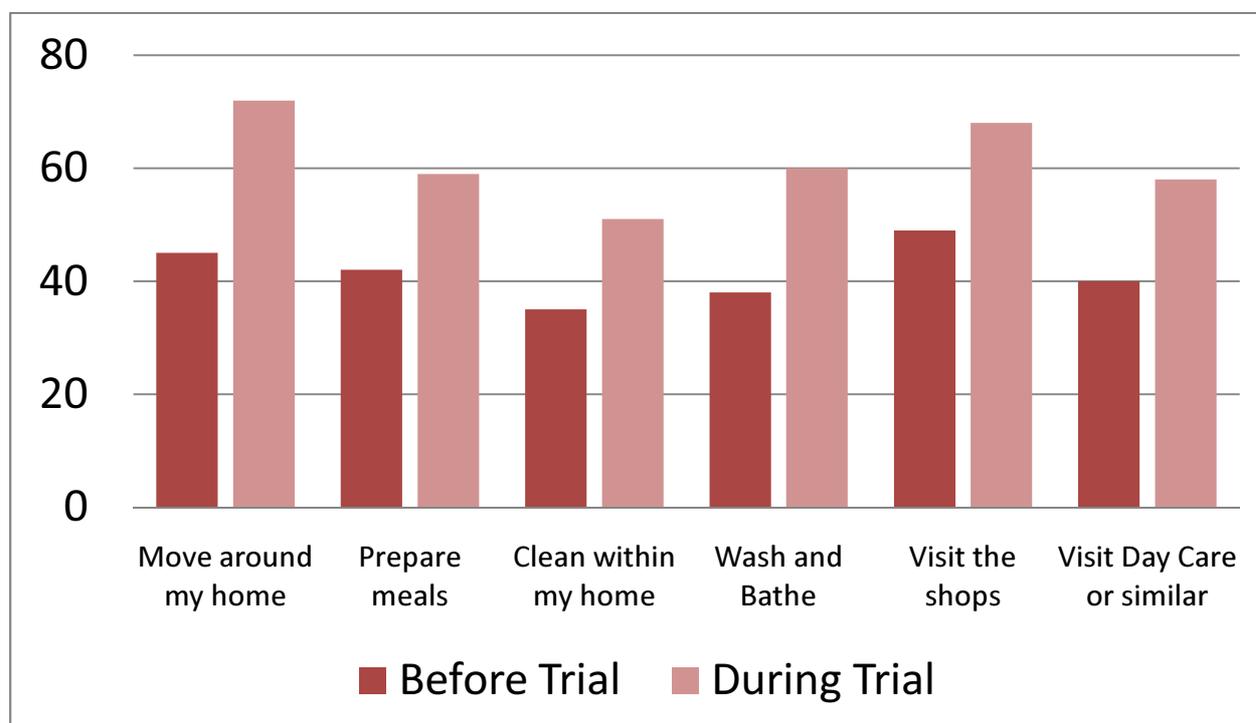
What **Torbay staff** are saying **positive** (14):

- “Patients take their rescue medications sooner with prompting from the TeleHealth keyworker. Therefore less likely to require GP intervention.”
- “It is especially useful that patients can check SPO2 at different times in the day if they are anxious about their breathing.”

What **Torbay staff** are saying **negative** (3):

- “On occasions it has been difficult to come into the office to access TeleHealth but with remote access this will be resolved.”
- “Time to replace unit when faulty.”

Responses from the final evaluation showed the following changes when the patient responded:
 "I can....."



Next Steps

Monitoring of TeleHeath ceased on **28th April 2011** and majority of the equipment has now been collected.

Results from the final questionnaire will be added to those of the preliminary questionnaire together with a range of quantitative data to form a final report. The final report (expected in early July) will consider the effectiveness of the pilot offering recommendations to Torbay Care Trust Commissioning Board who will decide what happens next.

TELECARE

The 7 'Just Checking' assessment kits have been utilised since being purchased in January 2010. Since then they have delivered cost avoidance savings in excess of £21,000 as at 01/03/2011. This is against an investment of £13,500.

Although these figures show a good return on investment, it is believed that even greater savings could be made if these kits were made available as a fully managed service.

Consequently, the kits (which were purchased with a 3-yr licence) are in the process of being transferred to Torbay Lifeline Alarm Service. This managed service will begin as soon as the contract and specification are finalised.

ASSISTIVE TECHNOLOGY

A range of Assistive Technology products have been trialled of which these two have proven particularly successful.

iPads – used with an application ‘Proloquo2Go’ . This allows patients with a speech loss to use it as a communication aid. Apart from it being state of the art commercial technology, it offers broader functionality to encourage social inclusion such as: Photos, Music, Internet, E-mail, Text, Facebook, Twitter to name but a few.

We are considering making this a mainstream service as we have provided 8 to-date and are working with one particular client who is physically restricted to his bed 24-hrs /day to try and extend it’s use as an environmental control.

Mem-X Voice reminder

Used to prompt and remind a person of daily, weekly or annual events. As an aid for medication, appointments, even regular amounts of water (to avoid dehydration – used by a Comm. Matron).

These are now available within our equipment catalogue as a mainstream item. We have provided >12 to-date.

Other items which have been trialled have included:

- Epilepsy mats
- Wireless alerts for windows & doors
- Door intercoms
- Electronic colour magnifiers
- Pulse Oximeters

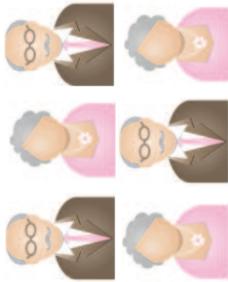
Right care
Right place
Right time

Torbay
Care Trust



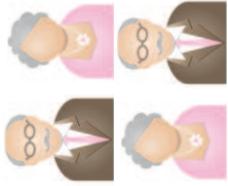
TCT TeleHealth Process

Identify Potential Patients



£ 700,000

Filter Patient Lists



83 Patients

Light Touch



75 Patients

Cornwall PCT
Install Equipment



75 Patients

Patient Records Reading



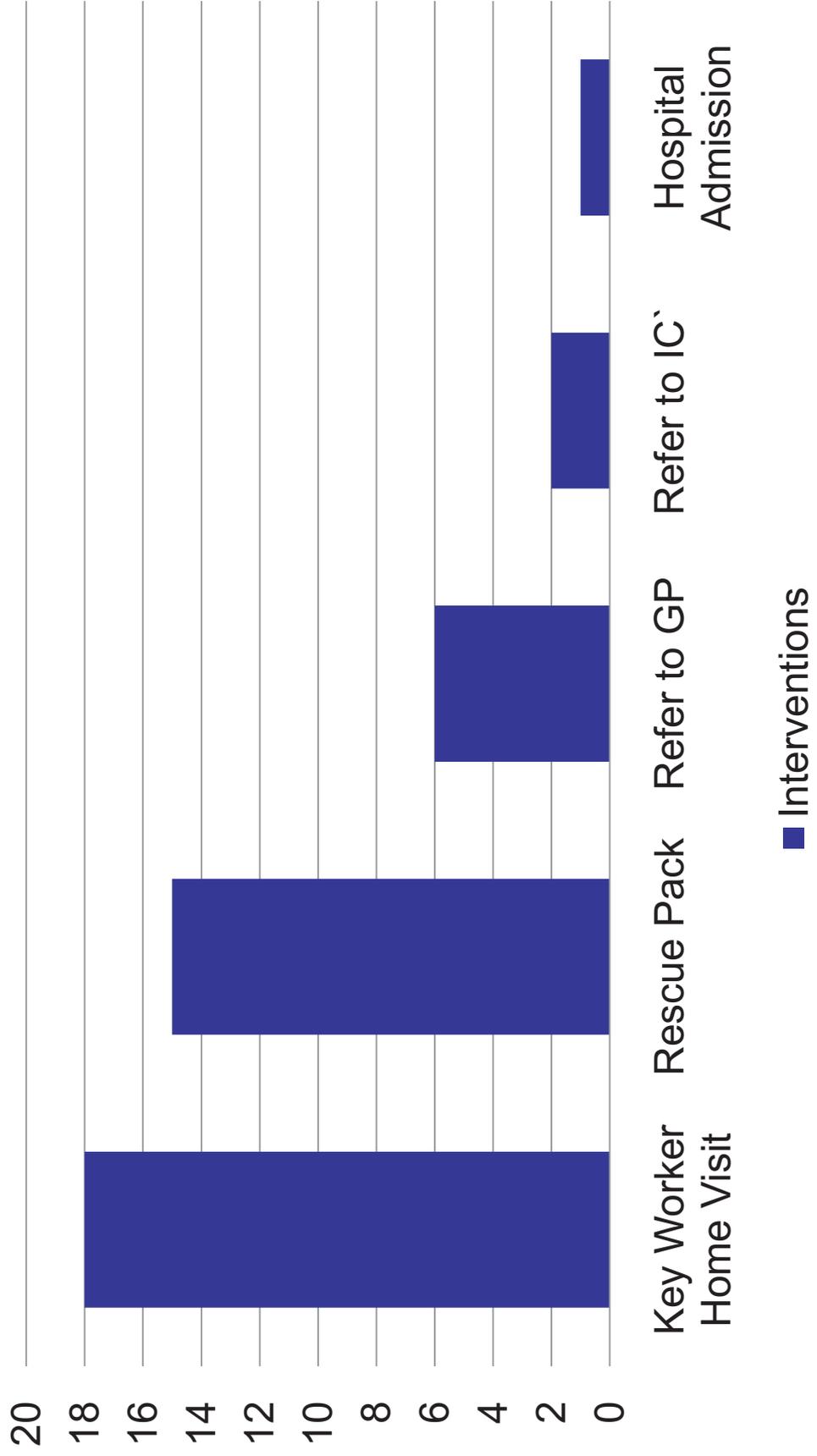
TCT Key Worker Monitor Condition



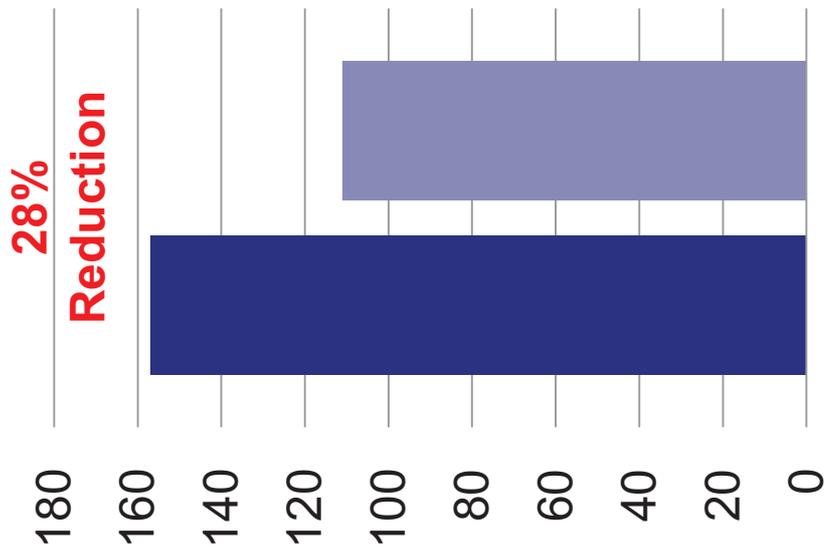
Appropriate Action



Interventions

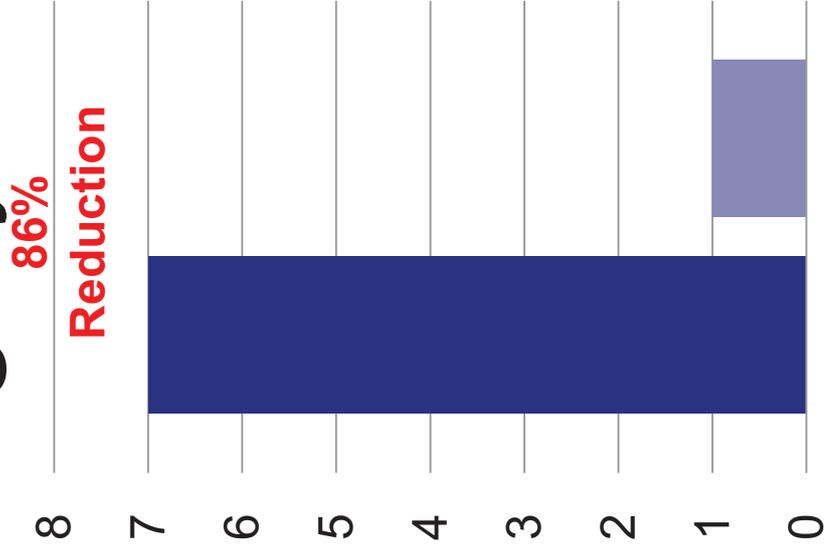


Barton Surgery Information



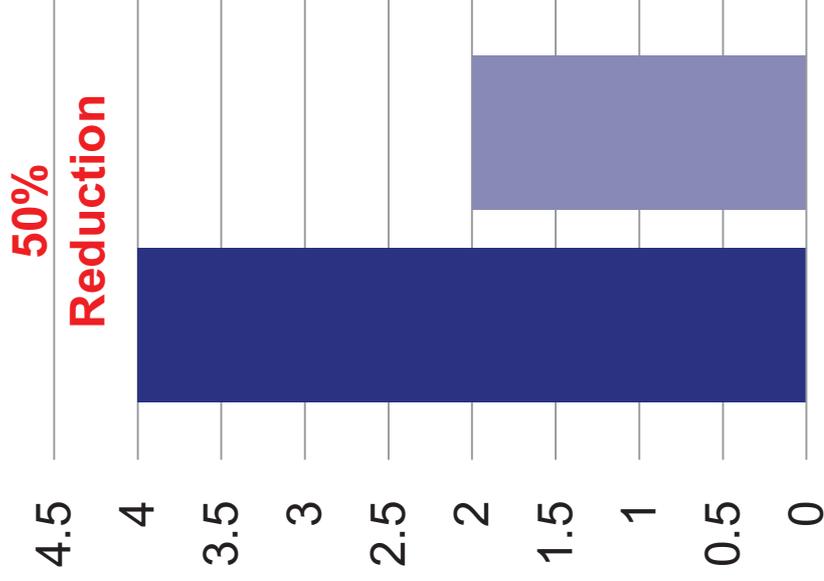
Visits to GP

- Sept 09 to Apr 10
- Sept 10 to Apr 11



Visits to OOH

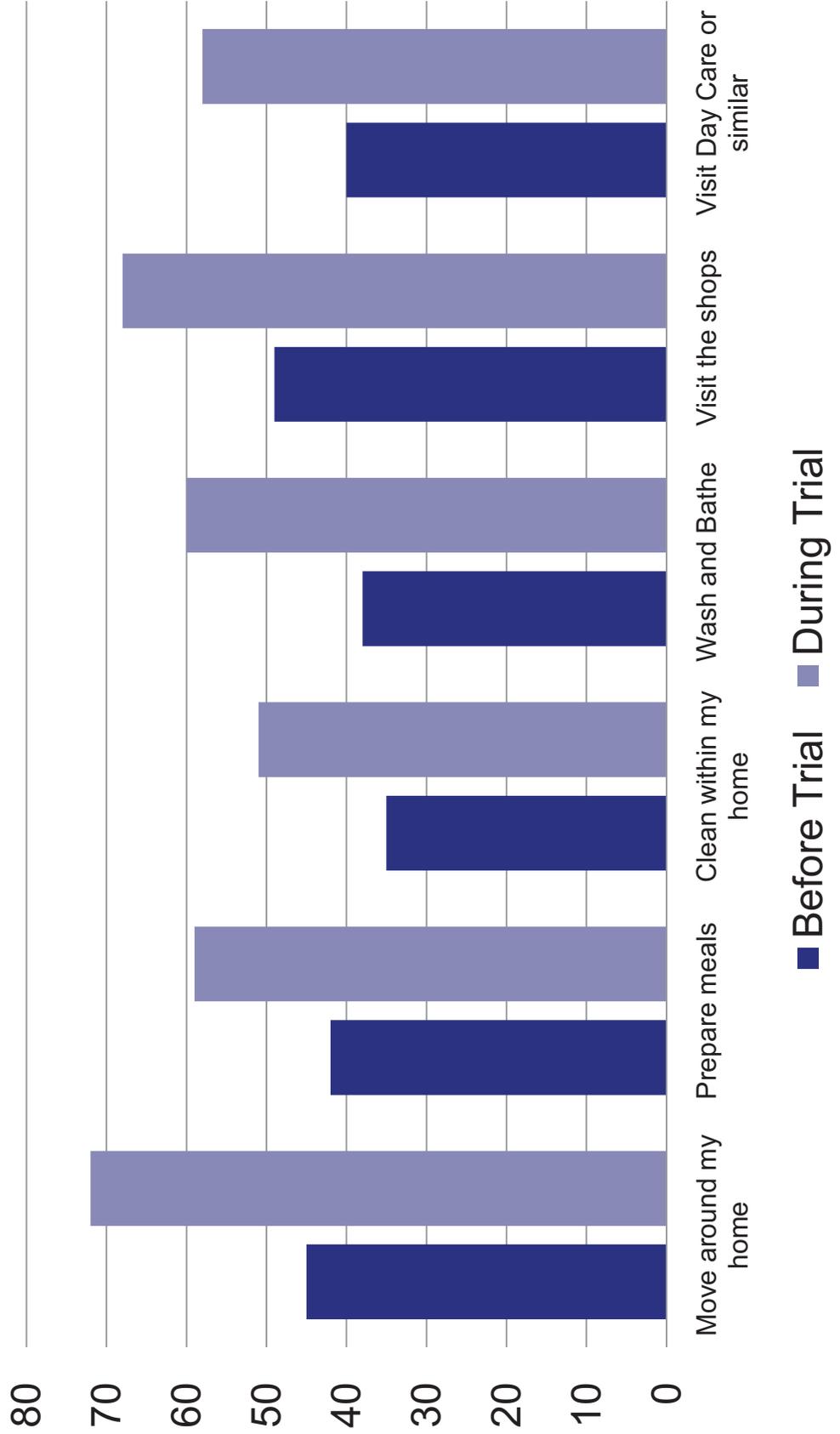
- Sept 09 to Apr 10
- Sept 10 to Apr 11



Admissions

- Sept 09 to Apr 10
- Sept 10 to Apr 11

I Can.....



TeleHealth - The Patients View

As a result of several low readings my COPD nurse came to me and arranged for Oxygen and a

Thank you for including me in the programme which I feel I have benefitted from..

It became a very piece of equipment monitoring how I feeling and actually indicate on several occasions that I needed to see my GP as I did indeed have an infection, thus it kept me out of hospital.

I am now so used to doing this every day that I think I will truly miss taking the readings. The confidence that it gave me in monitoring

Many thanks for including me in this trial. It gave me great confidence in everything. Am only sorry it has come to an end. Hope it restarts and very soon. Sorry I am late returning this questionnaire but I have been unwell. Please Torbay Care Trust allow this to resume.

We always knew when my husband was not feeling well.

Have purchased my own reader so I can continue to record my readings.

To begin with I wondered what I was letting myself in for. However it was so simple and took only a few minutes to do.

It was very handy when I went to see my GP as I was able to give a picture of my ATs levels for the previous week. Prior to being able to take my own readings I was always unsure when to go to the doctors and usually left it too late, thus I ended up so bad I had to be a hospital admission, but once I was able to take my own readings I had the knowledge and back up of this information to prove my point.

me
e
ent

The Future.....

Complex

- Community Matron Triage
- Key Worker Interventions
- One to one management

Actively Managed

- Newly Diagnosed
- 3 Months of TeleHealth
- LTC Telephone Support

Self Managed

- Self Testing & Recording
- Share Data with Health Professionals
- Educational Support



Title: **Fairer Contributions Policy Implementation in Torbay**

Public Agenda Item: **Yes**

Wards Affected: **All Wards in Torbay**

To: **Health Scrutiny Board** On: **7 July 2011**

Contact Officer: **Nicola Barker**
Telephone: **01803 210420 / 07818 092624**
E.mail: **nicola.barker@nhs.net**

1. Key points and Summary

The original Fairer Charging Guidance (2003) was designed for an era of traditional local authority social care provision where people received services arranged by a local authority. However with increasing numbers of people receiving direct payments and the introduction of personal budgets through Putting People First (2007) there is a need to consider how an individual's contributions, if any, towards the costs of non-residential services might be worked out in the context of personal budgets.

Putting People First is the Government's vision for social care in the future. The main aim is to give people more choice and control over how they get support. As society is changing and more people are living longer with illness and disability we need to transform the way we provide adult social care as the current model is not fit for the future.

Councils and Care Trust's have responsibility to charge adults in receipt of non-residential services and to decide on how much that charge will be. Changes are now required to the approach taken by the Care Trust to support the development of personalisation.

2. Policy Background

The Fairer Contributions Guidance (2009) sets out how the policy should be applied under a personalised system. Under Putting People First the new system is intended to be fairer for all people, in that the contributions they make will reflect the actual care being given rather than the cost of services provided.

Therefore we need to move from a system of charging linked to the costs of services to a contributions system linked to an individual's personal budget and their ability to pay not the services that they ultimately utilise to meet their needs.

Adult Social Care services have to change so that:

- People who use social care services and their families will increasingly shape and commission their own services.
- Personal Budgets will ensure people receiving public funding are able to use available resources to choose their own support services.
- The state and statutory agencies will have a different role – more active and enabling, less controlling.

Self Directed Support is the term used to describe a personalised system of care where the individual is supported to take more control over the assessment process. In this system the needs assessment links to a points system that calculates how much money the Care Trust should spend to meet their needs. This is called a Personal Budget which can be a virtual budget, a Direct Payment or a mixture. This means that people will know up front how much money will be needed to meet their needs and individuals will have much more choice and control over how the money is spent.

Torbay Care Trust has its own Fairer Charging Guidance which is updated each year. The charging approach that has evolved includes a mixture of standard flat rate charges that vary according to the type of service e.g. an hour rate and a daily maximum rate for Day Care. This approach is not compatible in the context of personalisation where the contribution will be assessed against a budget not against services.

Under the current charging scheme, income from charging contributes approximately £2,000,000 in 2009/10. About 40% of all service users do not contribute any direct funding to their care costs due to their low income or expenditure and 19% contribute the maximum amount.

This Fairer Contributions Guidance (2009) sits alongside the Fairer Charging Guidance (2003) which, along with its underlying ethos and principles, is still valid, and the Charging for Residential Accommodation Guidance (CRAG) to which the Fairer Charging Guidance refers.

Charging for residential service is governed under a different set of guidelines and those individuals who chose to use their personal budget to purchase residential care will be assessed under the CRAG rules.

3. Key Requirements of Fairer Contributions Guidance 2009

The overall purpose of the new guidance is to provide a framework within which Local Authorities/Care Trusts must develop and implement a single contributions policy for Personal Budget users which is based on their ability to pay rather than the complexity of their needs or the size of the care and support package they require to meet those needs.

What this will mean in practice is that people with a similar level of need for services may be asked to contribute different amounts to their Personal Budget if they have the

(financial) means to do so.

There are a number of key principles that underpin the Fairer Contributions guidance, these are:

- The contributions policy is clear and transparent and easy to understand and challenge
- The contribution a client is asked to make is financially assessed according to their ability to pay.
- The client will not pay more than the cost of their care package/personal budget.
- The contribution does not undermine the client's independence of living by reducing their income to unsustainable levels.
- The contribution system will treat all clients equitably and ensure that people who choose direct payments are treated the same as those who choose Care Trust managed services
- The system ensures administrative efficiency and convenience for service users
- The system provides an early notification of service users likely contribution to care costs.
- The contribution is applied to the whole of the care package /personal budget received.
- There must be a fair and consistent approach to the application of disability related income and expenditure
- The contribution required is calculated in line with the Department of Health's Fairer Charging Guidelines and the guidelines for disability related expenditure produced by the National Association of Financial Assessment Officers.
- The financial assessment process will ensure that service users have an opportunity to maximise welfare benefits and reduce the burden of funding that may transfer to the Care Trust
- All clients who are financially assessed as being able to make a contribution to their care costs must pay the charge.
- The system must take into account the implications on service users and carers to ensure that if necessary transitional measures are put in place to mitigate

Services that fall within the Fairer Contributions Policy:

All types of social care services including:

- Day care.
- Personal Home Care (Domiciliary Care)
- Domestic Help
- Extra Care Housing.
- All non residential Personal Budgets
- Short term residential care (calculated using CRAG)

Services that must not be subject to the Fairer Charging Policy:

- Information, Advice and Guidance provided by the Council.
- Financial assessments.
- Intermediate Care services.
- Long term residential care services which will be chargeable under the Government's Charging for Residential Accommodation Guide (CRAG).

Circumstances when a client cannot be charged:

There are circumstances in which people are exempt from being required to make a contribution. These are:

- People suffering from Creutzfeldt Jacob Disease (CJD)
- People subject to aftercare arrangements under Section 117 of the Mental Health Act 1983
- Children and young people under 18 years will not be assessed and charged under the Fairer Charging policy.
- Community equipment and minor adaptations.

4. Proposals

The issues that have been considered in the Fairer Contributions Policy are set out below.

Table 1:

	Current Charging Scheme	Proposed Options for the Fairer Contributions Policy
A. Ensure the financial assessments begin at the start of the assessment process so people know up front how much money they are likely to contribute to their care. The letter sent to the client with the self assessment includes details regarding the financial assessment process	Financial assessments are conducted at the end of the care needs assessment process and service users are often unaware that they may have to pay towards their care and this is the subject of complaints.	A financial assessment is conducted at the beginning of the process so that people enter into an assessment knowing the maximum contribution they will need to make. This may require a further financial assessment e.g If someone has recently moved to independent living and they do not currently know their household expenditure. In this case we would advise of an interim contribution.
B. Set a maximum % contribution against the value of a personal budget.	A maximum charge is set at a 100% of the cost to the Trust less any subsidised services.	Adopt an equitable Fairer Contributions policy for all service users contributions based on ability to pay and contribution to the personal budget. The simplest and most equitable approach is to set the maximum contribution at 100% of the personal budget.
C. With the introduction of personal budgets the client will be advised of an indicative budget within which they will plan their support. This is different to the current	There are a number of services that are subsidised by the Care Trust such as day care/services where two carers are required for moving and handling reasons.	Adopt an equitable Fairer Contributions policy for all people and assess contributions based on ability to pay. As we will be offering a budget and not services we will not have

<p>process where services are commissioned, some of which are subsidised due to the difficult process of ensuring clients do not pay more for a service than the cost to the Care Trust.</p>	<p>The subsidy approach also creates disincentives for some people to take more control over their own support. This can be inequitable as can be driven by the provider rather than the actual needs/wishes of the individual</p>	<p>'services' to subsidies. Therefore, to try and create a system to accommodate this would be complex and possibly confusing. Therefore to assess the contribution on 100% of the budget will be clear and transparent.</p>
<p>D. Financial Assessment and contribution levying should not be applied to any one service in isolation; the process should be applied to whole packages of care and support</p>	<p>When residential respite in care homes is part of a support plan the Care Trust uses CRAG process to assess charge for this part of the care plan</p>	<p>Two assessments will be done at the start of the process to ensure charges for all types of services are covered at the start of the process. DoH guidance advises CRAG must be used if a budget is being used for residential services.</p>
<p>E. What Transitional Support should we put in place for people whose contribution may increase as a result of the changes and how long should this be for?</p>	<p>There will be some people who may have to pay more under a Fairer Contributions System. Transition arrangements will apply to ensure that individuals are informed in a timely way and are able to make adjustments in their support to ensure that it is affordable.</p>	

The Care Trust are required by Government to put this new system into action. This will mean a change in the way individuals contributions are worked out.

There are elements that are mandatory and others that are discretionary. The proposal is for the Care Trust to:

- Set a maximum 100% contribution against the value of a personal budget.
- Ensure each client is assessed against their ability to pay not against the services received for non residential care.
- Remove subsidies so that there is equitable access and choices for all service users whether the personal budget is taken as a Direct Payment or a 'Virtual Budget' or a mixture of both.
- Advise clients that where they choose to have commissioned services (a 'virtual budget') they will have to accept the fees levied by the provider.
- Advise clients that where they choose to use their budget to purchase residential care they will be financially assessed using the CRAG rules.

The Care Trust can have discretion on the transitional arrangements:

- When to implement the new policy for clients who will contribute more under the new policy

- How to introduce any increases necessary

5. Financial Impact on the Care Trust

The guidance is clear that modernising charging policies in line with personalisation should not in itself be seen as an opportunity for the Care Trust to increase their income from client contributions.

In a few cases clients will see their contribution increase, this is mainly those clients who currently only have a low level of support e.g. one day at Day care a week. Including those clients who are liable to meet the 'full cost' of their services this equates to approximately 5% (or 75 clients).

6. Impact on Current Clients

It has been identified that a small number of clients will be affected by this new charging policy. These clients have been visited in the last 4 weeks and re-assessed according to the new contributions policy, to assess the financial impact. For the clients identified as affected by the changes and visited, the average impact was a potential increase in contributions of £10.31 per week (compared to current weekly charges ranging from £28 to £164 per week).

Their views on the new policy were also assessed (please refer to the questionnaire appended).

The results are as below.

Q 1 We believe to help people make choices in how their Personal Budget is spent they need to be able to compare like with like. Therefore we will need to remove any subsidies previously offered so the true market value can be compared. Do you think it is right to ask for any contribution that is asked for to be against the true or real cost of the service?

Q 2 Under the new proposals, other than those individuals who are assessed to pay for their services in full, approximately 20 people will see an increase in their contribution. At present the proposal is to implement these changes and the new Fairer Contribution policy from July 2011 and we feel it is appropriate to have a transitional period for those people whose contribution would increase, ie their charge will not increase until April 2012. Do you feel that this is an appropriate transitional period?

Q3 At present the amounts we use to calculate disability related heating costs has been in place since 2002. We are looking to update our figures in line with those used by the National Association of Financial Assessment Officers (obtained yearly from the Government's National Statistic's Department). We believe our figures are out of date as fuel prices have risen considerably since 2002, we currently base the average yearly consumption for all electricity, gas, and oil at £600 based upon 2002 rates, however we feel it would now be appropriate to use National figures to ensure consistency. How do you feel about this?

Question 1.			Even split on subject of whether we should be charge against the true cost of the day care or if we should continue with a subsidy. Main issue re fairness to full cost clients.
Agree	7	43.75%	
Disagree	7	43.75%	
Undecided	2	12.50%	
Question 2.			All clients questioned responded positively to the proposed transitional protection period.
Happy	16	100.00%	
Unhappy	0	0.00%	
Undecided	0	0.00%	
Question 3.			Most people agreed in principle to the restructuring of the additional Gas and Electric disregard. However, as this impacted on their assessed charges many were unhappy with the proposed removal of the lower £600 limit in favour of a more structured figure.
Happy	7	43.75%	
Unhappy	9	56.25%	
Undecided	0	0.00%	

7. Next Steps

The Care Trust is proposing to implement the new contributions policy from July 2011, applying transitional protection for those affected financially.

Sonja Manton

Deputy Chief Operating Officer, Torbay & Southern Devon Care Trust

Nicola Barker

Head of Business Support, Torbay & Southern Devon Care Trust

Appendices

Consultation Questionnaire

Documents available in members' rooms

Fairer Contributions Guidance Dept of Health 2009

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Consultation on Changes to how we work out how much someone has to pay towards their personal budget:

At present Torbay Care Trust calculate a person's contribution towards the cost of their care using the Fairer Charging Policy. However there needs to be changes in how we work out how much someone may need to contribute from their assessed charge towards their Personal Budget. The following is a passage the document Putting People First.

"In Putting People First the Government made clear its commitment to personal budgets as part of the move towards the transformation of social care. In the future, people will have more choice and control over how their social care needs are met. In order for this to happen, certain changes need to be made to charging arrangements. One of these changes relates to how a council calculates a person's contribution to the cost of their social care."

The new Fairer Contribution Policy has been designed by the Department of Health to help us meet the demands of the new policy under personalisation. With Personalisation a person will be advised how much money they will have in their budget to meet their outcomes identified on their self-assessment. The main change Torbay Care Trust has to consider is whether to ask for the contribution to be against all of the personal budget or just a percentage. Torbay Care Trust feel it is appropriate to ask for a contribution against the whole of the budget as this more realistically reflects the true market price for services. People will continue to be assessed against their ability to pay under the current charging policy and the outcome of this financial assessment will then be applied to the Personal Budget.

This questionnaire is not meant to cause you any concern, but your help in completing and returning it would be very much appreciated by the Care Trust. I enclose a SAE and a feedback form and would be grateful if you could return it by.....

If you are at all worried or concerned, please telephone us on 01803 219773 and we shall be happy to help in any way.

Thank you in advance for your co-operation. It is only by listening to the views of our customers that we can ensure our services meet the standards you have a right to expect from Torbay Care Trust. Your reply will help influence the development of our future service strategy.

The purpose of this consultation is to allow people to understand the impact of changes to the Financial Policy prior to implementation

Client Feedback Questionnaire

As part of our commitment to improving the service we provide we would be grateful if you could help us by completing this form and returning it in the enclosed envelope (you do not need a stamp). Please be assured that the survey is completely confidential and unless you complete your details at the end, we will not know who has taken part.

Date Issued:

Q1. We believe to help people make choices in how their Personal Budget is spent they need to be able to compare like with like. Therefore we will need to remove any subsidies previously offered so the true market value can be compared. Do you think it is right to ask for any contribution that is asked for to be against the true or real cost of the service?

PLEASE TICK ONE BOX

- Agree
- Disagree
- Undecided

Q2. Under the new proposals, other than those individuals who are assessed to pay for their services in full, approximately 20 people will see an increase in their contribution. At present the proposal is to implement these changes and the new Fairer Contribution policy from July 2011 and we feel it is appropriate to have a transitional period for those people whose contribution would increase, ie their charge will not increase until April 2012. Do you feel that this is an appropriate transitional period?

PLEASE TICK ONE BOX

- Happy
- Unhappy
- Undecided

Q3. At present the amounts we use to calculate disability related heating costs has been in place since 2002. We are looking to update our figures in line with those used by the National Association of Financial Assessment Officers (obtained yearly from the Government's National Statistic's Department). We believe our figures are out of date as fuel prices have risen considerably since 2002, we currently base the average yearly consumption for all electricity, gas, and oil at £600 based upon 2002 rates, however we feel it would now be appropriate to use National figures to ensure consistency. How do you feel about this?

PLEASE TICK ONE BOX

- Happy
- Unhappy
- Undecided

Thank you for completing this questionnaire. Your responses are completely confidential. However, if you would like us to contact you to discuss any of the issues raised, please complete your name and address below.

IF YOU DO NOT REQUIRE US TO CONTACT YOU PLEASE LEAVE THIS SECTION BLANK.

Name: _____

Address: _____

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Title: **Health Overview and Scrutiny Work Programme 2011/2012**

Public Agenda **Yes**

Item:

Wards **All**

Affected:

To: **Health Scrutiny Board**

On: **7 July 2011**

Key Decision: **No**

Change to Budget: **No**

Change to Policy Framework: **No**

Contact Officer: **James Dearling**

☎ Telephone: **01803 207035**

✉ E.mail: **james.dearling@torbay.gov uk**

1. What we are trying to achieve and the impact on our customers

- 1.1 To ensure that the Health Overview and Scrutiny Work Programme for 2011/12 is robust and realistic but also flexible enough to enable emerging issues of concern to be addressed. This will help ensure that overview and scrutiny is both improving and safeguarding health services for the people of Torbay. A successful scrutiny function would also have a positive impact on our customers as the community would be involved in the work being undertaken and the outcomes of that work would be focused on the community's needs.

2. Recommendation(s) for decision

- 2.1 **That the draft Health Overview and Scrutiny Work Programme for 2011/12 be considered, amended as necessary, and approved.**

3. Key points and reasons for recommendations

- 3.1 The Council's Constitution requires that, early in each municipal year, the Overview and Scrutiny Board co-ordinate the production of a Work Programme for the function as a whole. At its meeting on 29 June 2011 the Overview and Scrutiny Board was advised that a Health Overview and Scrutiny Work Programme would be agreed at the next meeting of the Health Scrutiny Board.
- 3.2 One of the principles of good scrutiny is that it is carried out by 'independent minded governors' who lead and own the scrutiny process. Accordingly, throughout the year members will be encouraged to identify agenda items for the meetings of the Overview and Scrutiny Board and the Health Scrutiny Board. Sources could include the Forward Plan, ward matters, Community Partnerships, SPAR.net, and the media. Torbay LINK (Local Involvement

Network) also has the power to refer matters to the Health Scrutiny Board although no referrals have been received to date.

- 3.3 The Health Overview and Scrutiny Work Programme attached at Appendix One has been prepared taking account of the reduced officer capacity in the Overview and Scrutiny Support Team.
- 3.4 A number of issues have been carried over from last year's work programme.
- 3.5 The draft work programme for the Health Scrutiny Board has been developed having regard to forthcoming possible substantial variations or developments to health services at a regional and local level that officers are aware of.
- 3.6 During 2009/10 and 2010/11 Health Scrutiny Board members undertook visits to local NHS bodies, including seeing how services are delivered and meeting frontline members of staff. The Health Overview and Scrutiny Work Programme proposes similar future visits and members are asked to comment on this suggestion.
- 3.7 The Health Scrutiny Board has adopted the principle that as far as possible issues not requiring any action by the Board but that would be of interest to members will be dealt with by written briefing or at a training/briefing session. Members are asked to comment.

For more detailed information on this proposal please refer to the supporting information attached.

Mark Bennett
Executive Head (Business Services)

Supporting information

A1. Introduction and history

- A1.1 The Work Programme set out in Appendix 1 has been put together following consultation with the Overview and Scrutiny Co-ordinator, Scrutiny Lead Members, the Mayor, all other Members of the Council, senior Council officers, and relevant partners.
- A1.2 Personalisation of Adult Social Care was initially in 2009/10 investigated through a separate review panel but is now being monitored through formal Health Scrutiny Board meetings.
- A1.3 The Health Scrutiny Board has traditionally scheduled eight Board meetings each year; however, the number is halved for the 2011/12 municipal year.

A2. Risk assessment of preferred option

A2.1 Outline of significant key risks

- A2.1.1 A critical success factor will be members' commitment to the work programme. Members need to be sure that these issues are matters which can help improve and safeguard health services for the people of Torbay. Members need to be willing to commit time and energy into identifying key questions, meeting and discussing issues with other members, officers and consultees, reading and challenging the information presented to them, and drawing conclusions, considering options appraisals and risk assessments, and formulating recommendations.
- A2.1.2 Health Scrutiny Board members need to receive information and support from local NHS bodies; however, local NHS bodies are under a statutory duty to provide overview and scrutiny with any information about the planning, provision and operation of health services as it may reasonably require to undertake effective scrutiny.
- A2.1.3 The changing national political arena may lead to initiatives and changed priorities during the year and the work programme may need to be amended as a result. Members are reminded that the work programme must have sufficient capacity to respond to requests from the NHS to consider service change proposals.
- A2.1.4 If members are not committed to the Health Overview and Scrutiny Work Programme and to making overview and scrutiny a worthwhile mechanism to improve the lives of the community of Torbay (and if they do not receive adequate support from officers or information from local NHS bodies), then there is a risk that positive outcomes cannot be shown to have been achieved by Overview and Scrutiny.

A2.2 Remaining risks

- A2.2.1 Further reductions in the Council's Overview and Scrutiny Support Team.

A3. Other Options

A3.1 Members may wish to add to, or delete, or change any of the items within the work programme set out in Appendix One.

A4. Summary of resource implications

A4.1 The proposed Work Programme can be delivered within the resources available provided that members are willing to give their time and energy.

A5. What impact will there be on equalities, environmental sustainability and crime and disorder?

A5.1 Each review will take account of these issues.

A6. Consultation and Customer Focus

A6.1 The Overview and Scrutiny Work Programme has been prepared taking account of the views expressed by the Overview and Scrutiny Co-ordinator, Scrutiny Lead Members, the Mayor and all other Members of the Council, senior Council officers, and members of the public.

A6.2 Each review will aim to involve the community through consultation and possible co-option.

A7. Are there any implications for other Business Units?

A7.1 None

Appendices

Appendix One Health Overview and Scrutiny Work Programme for 2011/2012

Documents available in members' rooms

None

Background Papers:

None

APPENDIX 1: HEALTH SCRUTINY BOARD WORK PROGRAMME 2011/12

Meeting Date (Town Hall, Torquay)	Thursday 7 July '11 (2.30 pm)	Thursday 22 Sept '11 (2.30 pm)	Thursday 15 Dec '11 (2.30 pm)	Thursday 22 March '12 (2.30 pm)
Agenda Items	<p>Health Overview and Scrutiny Work Programme 2011/12</p> <p>Personalisation of Care Update</p> <p>Commissioning Short Breaks for Children and Young People with Physical and Learning Disabilities</p> <p>Occombe House</p>	<p>Personalised Community Based Services – proposals [Domiciliary Care] tbc</p> <p>Brixham Hospital Site Development – Proposals</p>	<p>Torbay Care Trust: Consultation on Foundation Trust application tbc</p>	<p>Quality Account commentaries tbc</p>
<p>In addition, it is expected that there will be agenda items considering changes proposed for Specialised Services and appropriate visits undertaken by Health Scrutiny Board members to local NHS bodies</p>				

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