

Title of Report:	Scrutiny Review of Health Partnership Working
Report to be considered by:	Executive
Date of Meeting:	22 nd July 2010
Forward Plan Ref:	EX2091

Purpose of Report: To respond to the recommendations of the Overview and Scrutiny Review of Health Partnership working

Recommended Action: That the Executive consider and if appropriate agree the recommendations in the Scrutiny review of health partnership working

Reason for decision to be taken: To consider the findings of a scrutiny review

Other options considered: None

Key background documentation: Appendix A (Health Partnership Working report OSC 2 March 2010)

The proposals will also help achieve the following Council Plan Theme(s):

- CPT8 - A Healthier Life**
- CPT10 - Promoting Independence**
- CPT11 - Protecting Vulnerable People**
- CPT13 - Value for Money**

The proposals contained in this report will help to achieve the above Council Plan Priorities and Themes by:
strengthening partnership working across health and social care

Portfolio Member Details	
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Date Portfolio Member agreed report:	25 th June 2010

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Implications

Policy: Strengthened governance across health and social care but overall policy will not be affected

Financial:

Personnel: none

Legal/Procurement: none

Property: none

Risk Management: Risk associated with partnerships with health are already contained and managed within corporate risk registers

Equalities Impact Assessment:

Is this item subject to call-in?	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
If not subject to call-in please put a cross in the appropriate box:		
The item is due to be referred to Council for final approval	<input type="checkbox"/>	
Delays in implementation could have serious financial implications for the Council	<input type="checkbox"/>	
Delays in implementation could compromise the Council's position	<input type="checkbox"/>	
Considered or reviewed by Overview and Scrutiny Commission or associated Task Groups within preceding six months	<input checked="" type="checkbox"/>	
Item is Urgent Key Decision	<input type="checkbox"/>	

Executive Summary

1. Introduction

- 1.1 This is the response of the Portfolio Holder for Community Care to the Overview and Scrutiny Commission's (OSC) review into the extent to which organisations delivering health and social care are delivered in partnership

2. Proposals

- 2.1 It is proposed that all the recommendations made by the OSC are accepted

3. Conclusion

- 3.1 The proposals of the OSC are to be welcomed as improvements to the Council's partnership working with the Primary Care Trust (Berkshire West NHS).

Executive Report

1. Introduction

1.1 At a special meeting of 12 February 2010 Members of the Overview and Scrutiny Management Commission (OSMC) carried out a review into the extent to which organisations working together through West Berkshire Health and Wellbeing partnership, particularly when making budgetary decisions that may have an impact on others.

1.2 The details of the report are shown at Appendix A.

2. Response of the Portfolio Holder for Community Care

2.1 The response of the Portfolio Holder for Community Care to each of the recommendations is set out below:

2.2 Recommendation 1

'The Council's Corporate Director (Community Services) and the NHS Berkshire West's Director of Partnerships and Joint Commissioning should agree that decisions having significant budget ramifications on other organisations should not be enacted until the financial year following that in which the decision was taken. The in-year cost of the decision should be managed and borne by the organisation with the original budget allocation'

2.3 Comment: In principle, both Partners agree that each should avoid the situation which arose regarding the change in Continuing Care allocations for people with a learning disability in 2009/2010.

2.4 The Council and Berkshire West NHS will continue to make every effort to work as a whole system across the local health and social care economy. Partners recognise the inter-dependencies of their budgets, actions and services. They will work to ensure that any intended change regarding shifts in funding, commissioning or provision should be notified at an early stage so that they can inform budget build decisions. Partners agree that risks should be understood and managed so that the balance of the whole system is not compromised and that individual organisations are not disadvantaged.

2.5 Berkshire West NHS has already agreed to absorb some of the Continuing Care costs which have been reassessed as charges to the Council to mitigate the impact of this funding shift in 2009/2010. Negotiations continue regarding individual assessments which could impact on 2010/2011 Council budgets.

2.6 Recommendation 2

'The Council's Corporate Director (Community Services) and the NHS Berkshire West's Director of Partnerships and Joint Commissioning should establish a protocol to ensure joint commitment and responsibility between organisations on the Joint Strategic Commissioning Partnership to the provision of greater notice of impending reviews. This should be at directorial level, regardless of the financial impact.'

2.7 Comment: accepted. The Terms of Reference of the Joint Strategic Commissioning Partnership are being revised to reflect this aim.

2.8 Recommendation 3

‘The Council’s Corporate Director (Community Services) and the NHS Berkshire West’s Director of Partnerships and Joint Commissioning should provide a personal commitment for the resolution of issues through channels more informal than established partnerships, where appropriate’

2.9 Comment: accepted.

2.10 Conclusion

2.11 The Executive welcomes this report from the Overview and Scrutiny Commission as evidence of its continuing work to improve the service that the Council gives to the public that it serves.

Appendices

Appendix A – Health Partnership Working OSC Report March 2010.

Consultees

Local Stakeholders: -

Officers Consulted: -

Trade Union: -

Appendix A

Title of Report:	Health Partnership Working
Report to be considered by:	Overview and Scrutiny Management Commission
Date of Meeting:	2 March 2010

Purpose of Report: To outline to the Overview and Scrutiny Management Commission the draft recommendations arising from the Commission's review into the extent to which organisations delivering health and social care are working in partnership.

Recommended Action: To agree the recommendations for the consideration of the Council's Corporate Director (Community Services) and the NHS Berkshire West's Director of Partnerships and Joint Commissioning.

Overview and Scrutiny Management Commission Chairman	
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Appendix A

Executive Report

1. Introduction

- 1.1 At its special meeting of 12 February 2010 Members of the Overview and Scrutiny Management Commission (OSMC) carried out a review into the extent to which organisations work together through the West Berkshire Health and Wellbeing Partnership, particularly when making budgetary decisions that may have impact on others.
- 1.2 This report outlines the rationale for the review, the review methodology, a brief summary of the findings (as minutes) and the arising recommendations.

2. Rationale for the review

- 2.1 During the summer of 2009, the Primary Care Trust (PCT) for the West Berkshire, Wokingham and Reading local authority areas (NHS Berkshire West) conducted a review of its care and support for around 30 people with learning disabilities. The activity was carried out in line with the Continuing Care Framework, a national mechanism for decision making.
- 2.2 The reviews found that many of the people concerned were no longer eligible for NHS funding as their needs were assessed not to be sufficiently complex. The consequence of these assessments was that in a number of cases the responsibility for meeting the cost of care was shifted from the NHS to the Council.

3. Review methodology

- 3.1 The Commission met in full and received witness evidence from:
- (1) Bev Searle, Director of Partnerships and Joint Commissioning, NHS Berkshire West.
 - (2) Philippa Slinger, Chief Executive, Berkshire Healthcare NHS Foundation Trust.
 - (3) Joe Mooney, Community Care Portfolio Holder, West Berkshire Council.
 - (4) Teresa Bell, Corporate Director (Community Services), West Berkshire Council.
 - (5) Elaine Cook, Chief Executive, Community Council for Berkshire.
 - (6) Mark Harris, Partnerships Manager, West Berkshire Council.
- 3.2 The review was conducted as a debate with the object of identifying specific measures to mitigate the effect of future decisions. The course of the debate is shown in the minutes at Appendix A.

4. Suggested actions

- 4.1 The suggested actions are that:
- (1) The Council's Corporate Director (Community Services) and the NHS Berkshire West's Director of Partnerships and Joint Commissioning should agree that decisions having significant budget ramifications on other organisations should not be enacted until the financial year

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following that in which the decision was taken. The in-year cost of the decision should be managed and borne by the organisation with the original budget allocation.

- (2) The Council's Corporate Director (Community Services) and the NHS Berkshire West's Director of Partnerships and Joint Commissioning should establish a protocol to ensure joint commitment and responsibility between organisations on the Joint Strategic Commissioning Partnership to the provision of greater notice of impending reviews. This should be at directorial level, regardless of the financial impact.
- (3) The Council's Corporate Director (Community Services) and the NHS Berkshire West's Director of Partnerships and Joint Commissioning should provide a personal commitment for the resolution of issues through channels more informal than established partnerships, where appropriate.

5. Recommendation

- 5.1 It is recommended that the Members of the Commission agree the suggestions outlined in section 4.

Appendices

There are no Appendices to this report.

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6. HEALTH PARTNERSHIP WORKING.

(Councillor David Rendel declared a personal interest in Agenda item 4 by virtue of the fact that his wife was a GP in West Berkshire. As his interest was personal but not prejudicial he was permitted to take part in the debate and vote on the matter).

(Councillor Carol Jackson-Doerge declared a personal interest in Agenda item 4 by virtue of the fact that she worked for Help and Care (a support organisation that facilitated patient and public involvement for health and social care based in Slough). As her interest was personal but not prejudicial she was permitted to take part in the debate and vote on the matter).

The Commission considered a report (Agenda Item 4) concerning the extent to which organisations were working together through the West Berkshire Health and Wellbeing Partnership.

Councillor Brian Bedwell opened the item by commenting that the purpose of the item was not to seek blame, following the shift of the cost of care for people with learning disabilities from the NHS to West Berkshire Council (WBC), but was to confirm the facts and recommend improvements to ways of working in partnership that would benefit people across the District.

David Lowe advised that the item was as requested by the Portfolio Holder for Community Care, Councillor Joe Mooney, and while there was a particular issue where the decision of one organisation had impacted negatively on another, the focus of the item was to more broadly identify improvements to the work of the Health and Wellbeing Partnership.

Councillor Joe Mooney made the following comment in support of his request for scrutiny:

- Proper procedures were needed to ensure that effective dialogue took place when the decision of one organisation could impact on another area of the Partnership. This did not take place with the situation referred to and West Berkshire Council was put in a difficult position as a result, with an increased in year budget pressure of £250k. This had a negative effect on the service delivered to other vulnerable groups and in his view the situation was not managed in the spirit of partnership working.

Bev Searle outlined the process involved within the Primary Care Trust (PCT) that led to the decisions taken:

- A number of individual service reviews were conducted by a continuing care specialist (employed by the PCT since October 2008) and many service users were found to be no longer eligible for continuing care funding. This was an evolving situation.
- The service reviews were in line with continuing care guidelines and the decisions taken were based on strict, nationally set criteria.
- A series of discussions were being held at a senior level between the PCT and WBC on how best to manage the impact of these reviews.
- There was the potential for WBC social care clients to be transferred to the NHS if their needs became more complex.

It was suggested that the impact of decisions taken that had budget ramifications on other organisations should not be implemented until the following financial year,

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with the in-year cost managed by the organisation with the original budget allocation. Bev Searle acknowledged that this was an important principle, but this sort of arrangement could cause difficulty when considering wider in-year budget pressures across systems and organisations that were difficult to predict. Bev Searle was therefore reluctant to agree that transferring pressures between organisations should be delayed to the following financial year. Bev Searle supported this statement by stating that mature dialogue existed between the PCT and WBC to aid partnership working.

Discussion then followed on the notice given to WBC of the reviews and their potential implications. Bev Searle advised of operational discussions between the continuing care specialist and the Community Team for People with Learning Disabilities (CTPLD), which included both WBC and PCT staff, to discuss the reviews shortly after coming into post. Teresa Bell added that there was no awareness of the impact the reviews would have at that stage. The circumstances of the service users appeared to be unchanged and no financial impact was expected by WBC and as a result the information was not shared at a higher level. Bev Searle explained that discussions were not held within the Health and Wellbeing Partnership as it was not considered appropriate to hold, what were viewed as, operational discussions at that level. Teresa Bell agreed that discussions were held at an operational level, but the opportunity had not been taken at a strategic level to reach an agreement on the continuing care reviews and how any budget implications would be managed in advance of decisions being taken. Although Teresa Bell acknowledged that the Health and Wellbeing Partnership was not the appropriate forum for such discussions.

Teresa Bell advised that, since the reviews, as well as ongoing discussions at a senior level between WBC and the PCT on how to manage the overall budget pressure, discussions were also taking place on a case by case basis and reviews were being challenged, where necessary, as a result.

Councillor Joe Mooney highlighted a need for an established appeal process against such decisions, which had impacted on many other local authorities in the country. Bev Searle advised that there was an independent appeals panel, which was considering cases that did not have a clear agreement.

Bev Searle advised that the continuing care national framework was introduced in 2007, which required a greater focus on conducting reviews. Prior to this the review process was limited and priority was given to assessing clients. Councillor Joe Mooney commented that reviews did not take place between the introduction of the framework in 2007 and the commencement of the reviews being discussed in the spring of 2009, with assessments undertaken for new clients only. Teresa Bell added that there was much disquiet when the framework was introduced, which could potentially disadvantage those with a disability. However, further clarity had been issued in October 2009 and it was believed this would make future reviews and subsequent decision making clearer and fairer. These amended guidelines had been discussed by the Berkshire West Joint Strategic Commissioning Partnership (JSCP), which was a well established group that met on a monthly basis.

It was noted that the continuing care reviews commenced in Reading, in advance of West Berkshire, and Bev Searle advised that some cost pressures became apparent in Reading at the end of March/early April 2009, but on a smaller scale than West Berkshire. Councillor Joe Mooney advised that WBC was not made aware of budget pressures until the summer of 2009.

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Philippa Slinger was asked to comment at this stage and advised that:

- The potential remained for an organisation to take a decision that could affect the budget of another organisation.
- The Berkshire Healthcare Foundation Trust (BHFT) had its own programme in place to try and meet its own funding pressures. However, briefings had already been held, and would be arranged in future, with Social Care Directors across Berkshire to discuss the potential implications for local authorities.
- A joint manager was employed by WBC to help manage pressures between organisations.
- There was the potential to share dates of care plan reviews between organisations.

Members felt there was a need for greater notice of such reviews, regardless of financial impact, as part of good partnership working. This should take the form of a joint commitment and responsibility between organisations to communicate any forthcoming assessment regimes etc and potential cost pressures at Directorial level. Councillor Joe Mooney requested that this be extended to WBC's Executive. This would allow as much time as possible to prepare for and manage budget pressures. The JSCP was named as the appropriate forum to hold these discussions.

There was a commitment to do so from WBC and the PCT. Bev Searle was of the view that all organisations on the JSCP would feel likewise. There was also the potential to raise issues through more informal contact between organisations. Councillor Joe Mooney commented that he was pleased that progress was already being made between WBC and the PCT to ensure that vulnerable people were given the best support possible.

RESOLVED that:

- (1) The impact of decisions taken that had budget ramifications on other organisations should not be implemented until the following financial year. With the in-year cost managed by the organisation with the original budget allocation.
- (2) There should be a joint commitment and responsibility between organisations on the Joint Strategic Commissioning Partnership to provide greater notice of impending reviews at Directorial level, regardless of financial impact, as part of good partnership working.
- (3) The potential to raise issues through more informal contact between organisations should also be utilised.
- (4) The draft recommendations would return for sign off at the next Commission meeting, alongside them being sent to partner organisations present today to give them the opportunity to comment and give their agreement.