

**CABINET PORTFOLIO SUMMARY REPORT**

<b>REPORT OF</b>	<b>Councillor Christine Jones</b>
<b>CABINET PORTFOLIO FOR</b>	<b>Adult Social Care</b>
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**EXECUTIVE SUMMARY**

This report is an update from the Cabinet Portfolio Holder to Members of the Council on matters relevant to her portfolio.

This update focuses upon the arrangements being put in place, and progress being made to deliver greater integration of health and social care services. A more coherent, joined up health and social care system is required that responds to the needs of the whole person. Funding reform proposals are an important lever in transforming change; Wirral is creating a framework to respond to the challenge built around the key leadership role of the Health and Wellbeing Board.

A Strategic Commissioning Group, reporting to the Health and Wellbeing Board, has been put in place by the Local Authority and Clinical Commissioning Group to ensure that key commissioning decisions support better use of resources and more effective outcomes for the people of Wirral.

Vision 2018 brings together commissioners and providers across the health and social care economy under the governance of the Health and Wellbeing Board to understand the implications of the financial challenge across the system and to drive change around a set of defined work-streams. These include enablers such as information communication technology and workforce issues, as well as models of care, population needs and outcomes.

Examples of the types of changes being made in support of integration are given throughout the rest of this report.

**1. BETTER WORKING AT THE HOSPITAL “THE PULL PILOT”**

The “Pull Pilot” is a collaborative initiative supported by Wirral University Teaching Hospital (WUTH), The Community Trust, the Clinical Commissioning Group (CCG) and the Department of Adult Social Services (DASS).

This pilot was established following concerns that often individuals would present at Accident & Emergency with a combination of problems (health and social care) but a lack of quick response and failure to utilise community based services can lead to admission into an inpatient bed. This is neither good for the individual and leads to significant costs and a potential disruption to elective health care provision.

The pilot consists of practitioners from a variety of disciplines including medical staff seeking better individual solutions.

- Most recent outcomes are that from 52 people being referred 46 were not admitted into hospital and were provided with alternative support and or advice. This equates to 88%.
- The quickest turn around time was approximately one hour.
- Out of the number not being admitted 19% were referred to the Short Term Assessment & Reablement (STAR) team and 22% returned home with either a new package of care or existing services. One person was admitted into a short term care bed via DASS and the rest were supported to return home either through referral to another agency.

## **2. COMMISSIONING FOR MORE EFFECTIVE OUTCOMES**

### Intermediate Care Services and Reablement

As part of the new funding arrangements around health and social care agreement was required with regard to the use of the reablement grant. This offered the opportunity to deliver efficiency but also to deliver more effective outcomes from a jointly commissioned service between DASS and the CCG. The new service model provides a continuum of care including 35 Intermediate Care beds, 35 Transitional Care beds, Supported Extra Care and Reablement at home. The tender will commence week beginning 9<sup>th</sup> December 2013. A strong emphasis has been placed on access via General Practitioners and the avoidance of unnecessary hospital admissions. A key outcome measure will also be reduced reliance on admissions into residential and nursing care beds.

Investment has been moved around to enable an expanded dedicated multi disciplinary team, including an integrated management post, social workers, reablement officers, physiotherapists, occupational therapists and medical cover. The full service will be in place for April 2014.

### Mobile Nights

Pilot service commissioned and in place; take up is increasing. This service fills a critical gap in Wirral for people requiring support at night. Funding is in place until March 2015 outcomes will be fully evaluated in relation to its effectiveness during 2014.

### Early Intervention and Prevention

Tender completed. Interviews for awarding contract taking place in December 2013. £400K efficiency achieved. Exploring further Joint Commissioning with CCG and Public Health.

The examples given above provide a very small snapshot of integration activity, but hopefully give elected members practical illustrations of how integrated commissioning and integrated care can deliver better outcomes to people.