

# WIRRAL COUNCIL

## CABINET

13 MARCH 2014

<b>SUBJECT:</b>	<b>HEALTH AND SOCIAL CARE INTEGRATION. ARRANGEMENTS FOR THE COMMISSIONING AND DELIVERY OF SOCIAL CARE</b>
<b>WARD/S AFFECTED:</b>	<b>'ALL'</b>
<b>REPORT OF:</b>	<b>STRATEGIC DIRECTOR FAMILIES AND WELLBEING</b>
<b>RESPONSIBLE PORTFOLIO HOLDER:</b>	<b>CLLR CHRISTINE JONES</b>
<b>KEY DECISION?</b>	<b>YES</b>

### 1.0 EXECUTIVE SUMMARY

- 1.1 Closer integration of health and social care has been a central driver within National policy. It is underpinned by the Better Care Fund and remains a key theme in the 'Five Year Forward View', which states that the NHS will need to "take decisive steps to break down the barriers of how care is provided". Locally, the Vision 2018 programme has been established to provide a health and social care sector response to the significant system wide pressures in Wirral and the £150m reduction in collective resources by 2018. It is clear that a greater sense of collaboration between commissioners is vital in responding to these challenges and creating a cohesive whole system of care.
- 1.2 Work on the BCF business case, and agreements in relation to key commissioning priorities have shown the value of very close collaboration. The level of collaboration and joint strategic decision making can be further improved by integrating the commissioning response working effectively across the health and social care economy. To this end colleagues from Wirral CCG and Adult Social Care have been working closely together to explore how the above organisations can work together in greater alignment, moving towards full integration over time, specifically in the areas of joint commissioning, quality assurance and commissioning support arrangements.
- 1.3 In addition to the drive to integrate commissioning arrangements, a key workstream under Vision 2018 has focussed on creating a model for the full integration of community Health and Social care teams based within the constituency model. The Integrated Co-ordinated Care Teams will fulfil the delivery functions carried out by social workers and nurses to offer a fully integrated response to meeting people's needs more effectively providing a range of flexible responses closer to home and with a focus on avoiding unnecessary hospital admissions.

- 1.4 The purpose of this report is to outline progress that is being made towards greater integration of both leadership and management arrangements across health and adult social care, specifically focusing on commissioning and quality assurance, and the operational delivery of social work and support planning. The changes are being made in the interests of providing a single cohesive approach across health and social care services to benefit the people of Wirral and to use resources more effectively.

## **2.0 BACKGROUND AND KEY ISSUES**

### **2.1 Commissioning Integration**

The ambition of the two organisations is to move towards full integration, building on the positive work to date to proactively collaborate, share and align resources where it makes sense to do so. It is recognised that a pragmatic approach is necessary as an interim step. To this end, a number of areas of work have been identified where this collaborative approach can be tested in practice. These are:

- Build upon the collaboration reflected in the Better Care Fund plan by commissioning a range of community services focussed on supporting people effectively in their local communities avoiding unnecessary Hospital admissions and facilitating rapid return home.
- Develop an integrated urgent care strategy
- Develop an integrated joint commissioning strategy for older people
- Agree a cohesive approach to commissioning residential and nursing care.
- Develop and implement a joint commissioning strategy for those with complex needs including learning disabilities
- Develop and implement a joint commissioning strategy for mental health.
- Develop a strategy for people with Autistic spectrum disorders
- Further develop and implement the existing carer support strategy
- Ensure that service specifications for integrated operational delivery services reflect the requirements of the population and key priorities of the Council and the CCG

- 2.2 Commissioning managers from both organisations are currently working on very similar projects. By aligning commissioning teams in these areas, there is an opportunity to develop a single vision and work programme, thereby eliminating duplication where it exists. This will require an assessment of skill sets to ensure talent and experience is maximised. Staff from both organisations will require the flexibility to operate with authority on behalf of both organisations having a clear remit that they are working on behalf of and to the benefit of both organisations, not just their primary employer.

- 2.3 In Governance terms the Joint Strategic Commissioning Group (its membership already consisting of senior managers and leaders from both organisations) will oversee this work and act as the body that monitors progress and outcomes. This Group can also ensure that there is a shared vision across organisations and that outcomes are fully aligned to Health and Wellbeing Board priorities. Formal reports on policy changes will come to both the Council and CCG as appropriate.

## 2.4 By adopting this approach, expected outcomes would be:

- Clarity of vision, developed through public engagement undertaken jointly, and the ability to jointly articulate this vision to Wirral residents
- A single, joint commissioning strategy for areas such as older people, mental health and advocacy for people with complex needs, and for carers
- A single provider framework and commissioning gateway, to ensure clarity for providers and a single cohesive approach that offers assurance on value for money
- Developing and shaping the care market through a single market management strategy, with commissioners working together to shape the market, thereby reducing the likelihood of placement breakdown, or people being placed inappropriately out of area.
- Enhanced capacity to provide Quality Assurance across the care sector and to measure and report on outcomes to support the review of commissioned services
- Reduced risk that things will be done twice by different members of staff
- Greater clarity for patients
- A move towards pooled budgets where this will deliver significant gains.
- Operational integration of community learning disability teams
- Operational integration of social workers into mental health teams
- Moving towards the formal stages of commissioned Integrated Community Care Teams

## 2.5 The development of Integrated Community Care Teams

The key changes set out in relation to commissioning, will enable Adult Social Services to further separate commissioning and delivery functions. This opens the door towards greater integration of operational delivery of social care and nursing services alongside social work services.

In relation to the integration of community teams, a specification is in development this sets out how services can be delivered much more effectively to the people of Wirral by bringing nursing services and social care services together based on the Constituency footprint. This fits very closely to the broader vision for Wirral as set out in Vision 2018, and is built around compliance with the new requirements of the Care Act 2014.

The specification includes;

- A focus on admission prevention and early discharge through flexible and responsive community services.
- The establishment of four co-located health and social care teams working within the constituency, working alongside integrated discharge arrangements at the Hospital.
- A coordinated urgent community response within 4 hours.
- A coordinated timely response for routine need within 48 hours.

Taken together, these outcomes will bring both organisations closer to truly integrated services; offer a more effective customer journey, based on people only needing to tell their story once in order to get a timely and effective response.

## 2.6 Next Steps.

If the above proposals are acceptable, then staff alignment can begin immediately. It is proposed that the Director of Adult Social Services assumes the management/leadership of staff in the aligned functions when working in these defined areas. This would include the Head of Partnerships (CCG) the Head of Urgent Care (CCG) and Head of Transformation (WBC).

Should it be agreed by cabinet that the proposal can be progressed further to a more formalised agreement, clearly defined governance arrangements and a management agreement will be put in place as agreed by both organisations. This will be required to reflect joint accountability across both organisations for the statutory duties related to the role of the Director of Adult Social Services who will assume a leadership role across both organisations.

In relation to the developing ICCT's the service specification is being developed across three key organisations. The Wirral University Hospital Trust, the Wirral NHS Community Trust, and Adult Social Care. It is envisaged that this will form the basis of a formal alliance contract for 2016. It is important to state that alternative delivery models will be explored with the relevant organisations during the financial year 2015 to 2016 taking into account the key messages contained within the 5 year forward view document. Staff Consultation will form a core part of any consideration reading future delivery models.

### **Future considerations**

If this proposal is acceptable, this will provide the foundation for further alignment and integration. In particular:

- The development of pooled budgets
- Further alignment of commissioning teams
- Joint appointments
- Co-location
- Sharing of support functions such as Business Intelligence and Finance
- Consideration of alternative service delivery models

## **3.0 RELEVANT RISKS**

3.1 Performance across the health and social care system is closely linked to demand. This is particularly the case in relation to acute care. Key changes set out in this document relate to plans to use community resources more effectively across the whole system to reduce demand on the acute sector. It is possible however that demand continues to increase.

## **4.0 OTHER OPTIONS CONSIDERED**

4.1 No change would be an option, but it would not deliver the opportunities identified in relation to using resources effectively across organisations and ensuring that NHS resources assist the Council to fulfil statutory responsibilities in relation to care provision

## **5.0 CONSULTATION**

5.1 The 2013 “What Really Matters Consultation included the key proposal to integrate health and social care by 2016.

During 2014 a number of Vision 2018 public events were held in Wirral. Proposals for ICCT’s formed a core part of proposals presented to the public; the emerging specification includes key priorities as reflected in this consultation

During January to March 2015 Adult Social Services are consulting on an Asset Based Assessment approach focussing on Care Act changes to assessment and emphasising people’s independent living skills and abilities.

## **6.0 IMPLICATIONS FOR VOLUNTARY, COMMUNITY AND FAITH GROUPS**

6.1 No specific impact, although commissioning decisions will be made across health and social care rather than separately with pooled budget arrangements to follow.

## **7.0 RESOURCE IMPLICATIONS: FINANCIAL; IT; STAFFING; AND ASSETS**

7.1 None specific at this time outside of the formal agreement relating to the better Care Fund. Outcomes for the pooled fund and specific schemes have been agreed through both cabinet and the Health and Wellbeing Board these will be reflected through the Section 151 Health Act Flexibility Agreement referred to below.

## **8.0 LEGAL IMPLICATIONS**

8.1 The former Section 256 used to transfer funds to the Local Authority is a formal legal agreement. A similar model will be required to set out formal agreements for pooled fund within a Section 151 Health Act Flexibility agreement setting out specific risk share agreements.

## **9.0 EQUALITIES IMPLICATIONS**

9.1 None specified overview report only. Consideration of EIA will be given to specific service proposals. The new assessment framework has been subject to an Equality Impact Assessment.

## **10.0 RECOMMENDATION/S**

10.1 Cabinet is asked to note the direction of travel towards greater integration in relation to; the commissioning and quality assurance of health and social care, and the direct delivery of social work support planning and community nursing services

Specifically it is recommended that Cabinet support the formation of a formal Management Agreement between the CCG and the Council setting out how in practical terms the Director of Adult Social Care will fulfil statutory duties through working across both organisations to drive more effective commissioning outcomes in the areas set out in this report. This will be subject to further discussions with Legal and HR Services.

It is recommended that Cabinet support the next steps as set out in section 2 including the further development of the specification for the operating model for the integrated teams, including the aims and objectives for integrated community services.

## **11.0 REASON/S FOR RECOMMENDATION/S**

11.1 The proposal is in line with national policy. It supports the aims of closer integration across health and social care in terms of both commissioning and service delivery. It will contribute to delivering greater value across health and social care as a whole system.

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## **APPENDICES**