

People Overview and Scrutiny Committee

REPORT TITLE:	Transforming Wirral - DASS Business cases
REPORT OF:	The Chair of the Committee

REPORT SUMMARY

At the previous meeting of this Committee (14th July 2016), the Senior Manager for Transformation & Improvement presented a report relating to the involvement of scrutiny in reviewing new service models as they are developed. Committee agreed to the general proposals in that report and gave delegated authority to the Chair, Vice Chair and Spokespersons to agree arrangements for the scrutiny of specific transformation projects, as appropriate.

Two business cases, both relevant to the remit of this Committee, are at a stage where review by scrutiny members is appropriate. The business cases relate to:

- Creating a commissioning hub to jointly commission services with Wirral Clinical Commissioning Group (CCG)
- Creating integrated community care teams with Wirral Community NHS Trust to deliver services to older people

As a result, a workshop was held on 10th August 2016 at which the approach to the two outline business cases were explained and examined in further detail. The outcomes from the workshop are detailed in this report.

RECOMMENDATION/S

It is recommended that:

- 1) Committee notes the report;
- 2) Committee refers the report to a future meeting of Cabinet.
- 3) The operating model and contractual arrangements are developed to ensure that the key points made by Elected Members, detailed in the report, are addressed.
- 4) Further consideration be given to the optimal timing for the involvement of scrutiny in the development of future business cases.

SUPPORTING INFORMATION

1.0 REASON/S FOR RECOMMENDATION/S

To ensure that the views of scrutiny members on the two business cases are reflected to Cabinet, prior to further relevant decisions being taken.

2.0 OTHER OPTIONS CONSIDERED

Pre-decision scrutiny is regarded as good practice and is aimed at strengthening the decision-making process.

3.0 BACKGROUND INFORMATION

3.1 Scrutiny workshop – 10th August 2016

A workshop was held on 10th August 2016 to review two outline business cases which form part of Wirral Council's Strategic Transformation Programme. The business cases relate to:

- Creating a commissioning hub to jointly commission services with Wirral Clinical Commissioning Group (CCG);
- Creating integrated community care teams with Wirral Community NHS Trust to deliver services to older people.

All members of the People Overview & Scrutiny Committee were invited to attend. Nine Committee members attended the session: Councillors Moira McLaughlin(Chair), Angela Davies (Vice Chair), Bruce Berry, Alan Brighthouse, Wendy Clements, Chris Meaden, Tony Norbury, Denise Roberts and Warren Ward. Apologies were received from Councillors Treena Johnson and Tom Usher. The Director of Adult Social Services presented details of the business cases following which a question and answer session was held and members had the opportunity to comment on the proposals.

It is intended that the comments provided by members at the session will be made available to Cabinet prior to further decisions being made regarding the future of these two business cases.

3.2 Integrated Commissioning Hub: Context

It is proposed to establish an Integrated Commissioning Hub to work on behalf of Wirral Council and Wirral CCG. This project will enable both organisations to pool resources to meet growing demand and to develop a sustainable health and social care economy. Bringing together commissioning resources will help to achieve better outcomes for residents in Wirral by developing more joined-up services and un-locking resources across the health and care economy of circa £850 million.

Closer integration of health and social care has been a central policy driver to help meet growing demand for health and care services. Locally, the Healthy Wirral programme was established to provide a health and social care sector response to the significant system wide pressures in Wirral. It is intended to create an Accountable Care System working with a single set of resources by 2020. The creation of an integrated commissioning hub will be a significant step towards that goal.

3.3 Integrated Care Co-ordination Teams: Context

It is proposed to transfer social care delivery to Wirral Community NHS Foundation Trust and to commission this service from them. The integration of the key assessment and support planning functions of adult social care will enable social workers and nurses to work together much more effectively delivering the “Right Care in the Right Place at the Right Time.”

Social workers and nurses provide front line support to the people of Wirral. They assess for and organise a whole range of inputs that are essential in keeping people healthy or in supporting them to remain independent including diagnosis, treatment, care and support planning, rehabilitation and health promotion and so on. It is proposed that, in Wirral, the Integrated Care Co-ordination Teams will be the method of delivering health and social care directly to older people that need support. It is intended that integration will be a means to improve access to services, client satisfaction and efficiency.

The integration of the key assessment and support planning functions of adult social care with the community NHS support functions of the Wirral Community Trust will enable social workers and nurses to work together much more effectively in a single organisational model.

3.4 Elected member comments

During the session the following comments were raised by members:

Staffing:

A member raised concerns regarding the impact of the proposals on existing staff with particular reference to job security and the potential impact on roles. Members were informed that, in general, staff support the principle of creating an integrated health and care model. No redundancies were envisaged, although the changes may eventually lead to some changes in roles at a future point. The impact on terms and conditions is also a key element for staff. Joint engagement sessions with health and social care staff have been held and monthly meetings with the Trade Unions are being held. Best practice from other Local Authorities shows that, in order to achieve a positive outcome, staff need to be fully engaged in the process.

It is envisaged that the commissioning hub will be primarily based in Old Market House; whereas the care delivery teams will continue to be based in the relevant localities across the borough, albeit in Wirral Community Trust accommodation.

Increasing demand for services and the need to reduce resources:

A member questioned whether the major driver for change was the need to pool reducing resources or the ability to commission new services. A major driver for change is the necessity to manage demand across the health and care system. In the past, commissioning of services has taken place in silos. An aim for the future is to work towards commissioning for outcomes. Joint commissioning will provide greater scope to increase the role of technology in creating greater independence for people in their own homes. The commissioning process will also need to enable different services to be commissioned on different footprints where appropriate.

Back-office staff:

Members were reassured that the role of back-office staff, including administrative staff, will be carefully considered during the transition process. However, the impact on the potential use of re-chargable services, such as HR, Finance and Legal needs to be considered further. As staff transfer to alternative providers, the demand for these re-chargeable services, continuing to be provided by the Council, will reduce.

Improved focus on the needs of clients:

A member queried the likely impact of the proposals on the people who receive care. Members were informed that clients expect services to be integrated. Currently, clients may well have to tell their story more than once. As an example, a client may currently have separate assessments for a health, care or Continuing Healthcare need. From a client's perspective, there are benefits to be gained from an integrated system rather than being passed from one provider to another or by falling through the net.

The role of primary care is also critical to the delivery of an integrated service. Part of a national programme, the inclusion of Wallasey practices in a Health Education North West trial demonstrated the value of professionals working together effectively. During the trial social workers were placed within the GP practice.

Risk management:

The due diligence process is helping to identify the major areas of risk and ensuring that effective actions can be put in place to mitigate against them. Key areas include:

- As the statutory duty to deliver the implementation of the Care Act lies with the Council, clarification is required regarding the delegation of the function of care to Wirral Community Trust. Appropriate quality assurance will be required.
- There will be a reduced requirement for the services currently provided by the Council's corporate support functions. Assessment of the long-term impact on those service areas is required.
- The Council needs to ensure that all statutory duties are being met.

Finance:

In response to a question whether the combined health and care budget of £850 million is ring-fenced, members were informed that although some elements, for example, adaptations are ring-fenced the majority of the budget is not defined for specific services. The challenge will be to keep within the resource of the combined health and care budget.

It was noted that, at a national level, there is no indication of major additional funding being made available for health and social care. It is essential that the current resource is used more effectively, for example, in reducing duplication such as by acute hospitals working together to reduce back office requirements.

It was also noted that there is an intention for the provision of acute hospital services to move from the previous tariff-based system to a cash-limited system or capitated budget. In the longer-term, the big shift in resources is intended to see a reduction in spend on high-cost acute care and an increase in community care.

It is intended that the Population Health Model, supported by Cerner, will be carried forward from the Vanguard programme. This model will help the health and care system to better understand individuals' health needs.

Transfer of skills:

A member noted that social workers and community nurses have different roles and asked whether hybrid roles were envisaged. Members were informed that, although social workers and community nurses have different roles, they are often dealing with the same clients and their roles do overlap. Identical roles are not envisaged in the future, but it is likely that it will be possible to reduce the number of visits by improving coordination. This will also lead to an improved experience for clients.

It was noted by a Member that as roles of staff change, there will be a need to upskill staff. Members were reassured that workforce development is a key priority.

Performance management:

Performance measures are currently being identified. It is envisaged that the measures will incorporate both qualitative and quantitative data although further work is required to identify appropriate indicators. Best practice from other Local Authorities will form a basis for this work.

It was noted that complaints made to commissioned providers are not necessarily recorded in the DASS complaints system. As more services are commissioned, Members are concerned that the complaints system is able to provide a complete picture.

The scrutiny process:

A member noted that as, for each of the two business cases only one active option was provided and those options were likely to be approved, the scope for real pre-decision in this case has been limited. For future business cases, it is suggested that the optimal timing for the involvement of scrutiny ought to be considered.

4.0 FINANCIAL IMPLICATIONS

Although there are financial implications arising from the business cases, there are no financial implications arising from this scrutiny process.

5.0 LEGAL IMPLICATIONS

There are no legal implications arising from this report

6.0 RESOURCE IMPLICATIONS: ICT, STAFFING AND ASSETS

Although there are resource implications arising from the business cases, there are no resource implications arising from this scrutiny process.

7.0 RELEVANT RISKS

Not Applicable

8.0 ENGAGEMENT/CONSULTATION

Not Applicable

9.0 EQUALITY IMPLICATIONS

There are no direct equality implications of this report.

REPORT AUTHOR: Alan Veitch
Scrutiny Support
telephone: 0151 691 8564
email: alanveitch@wirral.gov.uk

APPENDICES

REFERENCE MATERIAL

SUBJECT HISTORY (last 3 years)

Council Meeting	Date
People Overview & Scrutiny Committee 'Transforming Wirral'	14 th July 2016