

REPORT TITLE	<i>Social Care and Health Integration</i>
REPORT OF	<i>Jason Oxley (Assistant Director Health and Care, Wirral Council)</i> <i>Val McGee (Chief Operating Officer, Wirral Community NHS Foundation Trust).</i>

REPORT SUMMARY

The Chair of the Health and Care Overview and Scrutiny Committee requested a report on the early progress of the Integrated Social Care service provided by Wirral Community NHS Foundation Trust (WCT) on behalf of Wirral Council. This report describes progress from the perspective of both Wirral Council (as commissioner of the service) and WCT as the service provider.

RECOMMENDATION/S

It is recommended that this report be noted by the Health and Care Overview and Scrutiny Committee.

SUPPORTING INFORMATION

1.0 REASON/S FOR RECOMMENDATION/S

N/A

2.0 OTHER OPTIONS CONSIDERED

N/A

3.0 BACKGROUND INFORMATION

3.1 Wirral Council is undergoing a major transformation in the way in which it provides social care services to local people. The Council recognises the benefits of integrating health and care services and the opportunity that this brings to provide better, more joined up services to people who need them.

3.2 The people of Wirral told us that they want improved and more fully integrated care and health services. They want to tell their story once; they want one number to call and to receive a properly coordinated response to their care and support needs.

3.3 The aim is to deliver the right care, in the right place, at the right time, in order to ensure that our residents are able to be as independent as possible but to get access to important health and care services when they need them.

3.4 Integration makes it possible for services to be developed more effectively to meet the needs of local residents. With social care and health staff working within one organisation it is possible to streamline assessment processes, reduce duplication of multiple professional involvements, and develop a single point of access and single social care and health support planning.

3.5 In March 2017 Cabinet approved the creation of an integrated social care service for adults and older people and the transfer of services to WCT.

In June 2017, this was implemented. Under the new arrangement, WCT now provide statutory adult social care services on behalf of the Council under a

contractual agreement. Services provided include the delivery of assessment, support planning and case management services for older people and adults.

3.6 The Council retains the care budget (budget of £57m) and market management duties, but commissions WCT to carry out the statutory Care Act (2014) functions related to assessment and case management on its behalf. The functions mainly comprise of: assessment, support planning, care arrangement, review, case management, safeguarding and referral handling.

3.7 The Council retains the statutory duties placed upon it in relation to adult social care, but delegates the functions to WCT.

3.8 Contract monitoring arrangements are in place to monitor service delivery and expected performance standards. A range of performance and activity measures are therefore built into the contract. Monthly meetings oversee progress and the delivery of expected outcomes. In addition, a quarterly Partnership Governance Board is held quarterly to review quality, oversee safeguarding standards, professional and statutory compliance.

4.0 OVERVIEW OF PROGRESS POST TRANSFER: WIRRAL COUNCIL.

4.1 The service transfer was a significant undertaking and involved circa 240 staff transferring their employment to WCT. In order to mitigate the potential risk of destabilising services at the point of transfer, a three phase approach was planned: 1) Safe Transfer, 2) Stabilisation and 3) Development. The service is now in the Stabilisation phase.

4.2 Following detailed and thorough planning, a safe transfer was achieved with minimal service disruption. People who receive services were communicated with about the change, and experienced no disruption to their usual care provision. No complaints or comments were received from people who use services where they were dissatisfied with the change.

4.3 Staff were consulted with up until the point of transfer, and the transfer to their new employer happened smoothly. Staff appreciated the warm welcome extended to

them by WCT and most staff attended a welcome event hosted by the Chief Executive of WCT at the St Catherine's Centre.

- 4.4 Information Technology (IT) requirements were well planned and the changeover to new IT systems happened smoothly over a short period of time. Social Care staff within WCT continues to use the Liquidlogic case management system. Staff transferred to NHS email accounts and onto NHS systems. Staff retained the use of SelfServe system whilst the Council provide payroll services to WCT for these employees.
- 4.5 Information sharing agreements exist as part of the contract framework, and delegated authorisation limits for draw down of care package expenditure is specified.
- 4.6 At the second Quarterly Contract review, the following was noted;
Overall reported performance was generally sustained at, or above, the level prior to transfer. Incremental improvements were noted in the time taken to resolve initial contacts (AM 4) and in the length of time taken between the initial contact and the completion of an assessment (AM 1, KPI 1). An increase has been seen in the percentage of annual reviews taking place (KPI 4). These are early signs of the benefits anticipated being realised (ref Appendix 1).
- 4.7 Safeguarding duties have been delivered effectively and procedures followed.

Focussed work is underway to increase the number of safeguarding investigations that are concluded within 28 days. Closure of some long standing cases within the Liquidlogic system results in a reduced reported performance (KPI 3), however this evidences good practice (ref Appendix 1).
- 4.8 There continues to be a challenge to manage the volume of Deprivation of Liberty Safeguards (DOLS) assessments and authorisations across adult social care as a whole. This also applies to WCT who now employ the majority of Best Interest Assessors. System changes will improve the administration and application of the

DOLS process and arrangements for this will be reviewed in the next 3-6 months once system changes have embedded.

- 4.9 There has not been an increase in complaint numbers noted and complaints are monitored under the contract management arrangements. There have been some initial complexities around responding to complaints and political enquiries where these are made to the Council, but are in relation to services provided by WCT. These have impacted, in some cases, on response times.
- 4.10 Agency staff for the Integrated Social care service continue to be arranged via the Council (with full cost recovery from WCT) due to WCT currently being unable to commission agency staff outside of the NHS commissioning arrangements. WCT are seeking an alternative solution alongside securing a permanent workforce.
- 4.11 The transitional arrangements for appointing staff recruited pre-transfer but commencing their employment post transfer has been complex and there have been some delays in new staff starting in some instances.
- 4.12 Staff development has continued within WCT, with a number of Social Workers progressing within the Social Work Career Framework to more experienced roles.
- 4.13 WCT have reported positive feedback from service users and staff.

5.0 OVERVIEW OF PROGRESS POST TRANSFER: WCT.

5.1 People's experience of the new service.

Positive comments have been received from people who have used the newly integrated service. The quote below demonstrates some early signs of the service achieving its benefits for people who use the service;

"I was pleased that I didn't get passed from pillar to post and that I had one worker to deal with, thank you as it has reduced the stress" (Appendix 3).

5.3 A recent case gives an example of how the newly integrated service is starting to deliver what improvements people told us that they wanted (ref 3.2 above). The example is summarised below;

“A request was received by the Trust for urgent action in relation to an elderly lady (P). “P” had hurt her legs by knocking them against her specialist bed rails. This was prioritised as urgent due to the risk of injury, and the social care worker contacted the Occupational Therapy (OT) team for advice. The OT advised that the prescribing nurse would need to assess the suitability of the bed rails. The social care worker went to discuss the case directly with the nurse in the adjoining office. Discussion between the care worker and the nurse established that an urgent joint review was needed and this was planned later that same day. The family were reassured during the visit, and equipment ordered straight away to reduce the risk of any accidental injury. The nurse updated the nursing and care plan, and the family were reassured that care could continue to be given within the home safely. By working together in the same team, effective communication and greater accessibility was achieved. This allowed a seamless, faster response and a greater understanding of each other’s roles and responsibilities. “P” was safeguarded against any further risks of injury, and without such a coordinated and rapid response, “P” may have needed hospital care or her family may have felt unable to sustain safe care and support in their own home.

5.4 **Planning for improved experience.**

The Trust recognised this was a large scale transfer and had in place effective governance arrangements to ensure safe transfer and service continuity. As part of this a 100 day plan was developed to set out key priorities post transfer from the 1st June 2017 (ref Appendix 2).

5.5 Below is a summary of additional progress within the key areas outlined in the 100 Day Plan.

5.6 **Leadership and Strategy**

The Trust has appointed an Associate Director of Social Care to provide professional social work leadership and to strengthen social care governance and support strategic developments.

5.7 Social care staff are being integrated into leadership developments within the Trust including the leadership for all programme and coaching skills.

5.8 **Governance**

The professional standards group (PSG) is now well established and provides assurance to the partnership governance board, Principal Social Worker and internally to the Trust Board.

5.9 Key areas of focus for the PSG include: - national and regional developments, external and internal audits, practice and workforce developments, policies and procedures.

5.10 **HR and Engagement**

Following a successful welcome and engagement event on the 1st June and implementation of 100 day plan the Trust has continued with its engagement programme including leadership walk-arounds, staff briefings and a quality improvement network event.

5.11 Staff are included in the appraisal arrangements and can access all wellbeing activities offered within the Trust.

5.12 From the 1st April, as planned, the Trust will provide all HR functions and a transfer plan is in process. In addition the payroll function will also transfer to the Trust payroll provider.

5.13 Staff have offered some very encouraging feedback since transferring to the Trust. The two quotes below illustrate some of the intended benefits to staff being realised;

"I feel that we have been welcomed with open arms and are considered a valuable asset to the Trust",

"I do feel this is already encouraging better integrated team working across therapies, nursing and social care" (Appendix 3).

5.14 Estates and IT

A number of teams have now achieved co-location with health colleagues. This has already proved beneficial through greater collaborative working, decision making and relationship building.

5.15 The plan for a single number for all referrals to community health and social care was implemented successfully in September, with Trust IT and council IT/BI team working in partnership.

5.16 Finance and Contracts

The Trust continues to work closely with the Council to ensure best value for the community care budget. The Trust has strengthened the leadership of the Care Arranger Team and enhanced escalation and approval arrangements in partnership with commissioners.

6.0 FINANCIAL IMPLICATIONS

6.1 The current contract has an annual value of £8.4m. Service payments from the Council to WCT for delivery of the service have been processed on time.

6.2 Staff have experienced no disruption in their payroll service.

6.3 Draw down by WCT against the allocated adults social care budget is monitored at monthly contract monitoring meetings and by Care and Health Senior Leadership Team. WCT have delivered a range of savings alongside commissioners and the Council's retained adult social care operational services.

6.4 Demand pressures are significant, and whilst the adult social care budget as a whole is experiencing pressure, WCT contribute positively to demand management and assist in reducing the potential demand impact.

7.0 LEGAL IMPLICATIONS

N/A

8.0 RESOURCE IMPLICATIONS: ICT, STAFFING AND ASSETS

8.1 Discussion is being held in relation to the service costs for 2018/2019 in line with the arrangements specified within the contract.

9.0 RELEVANT RISKS

N/A

10.0 ENGAGEMENT/CONSULTATION

N/A

EQUALITY IMPLICATIONS

N/A

APPENDICES

Appendix 1 - Quarterly Performance Report

Appendix 2 - 100 Day Plan

Appendix 3 - Staff and Service User Feedback.

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REFERENCE MATERIAL

SUBJECT HISTORY (last 3 years)

Council Meeting	Date