

**JOINT STRATEGIC COMMISSIONING BOARD**  
**Liverpool City Region (LCR) Adult Social Care Integrated**  
**Commissioning Update**

<b>Risk Please indicate</b>	<b>High N</b>	<b>Medium N</b>	<b>Low N</b>
<b>Detail of Risk Description</b>	N/A		

<b>Engagement taken place</b>	<b>N</b>
<b>Public involvement taken place</b>	<b>N</b>
<b>Equality Analysis/Impact Assessment completed</b>	<b>N</b>
<b>Quality Impact Assessment</b>	<b>N</b>
<b>Strategic Themes</b>	
To empower the people of Wirral to improve their physical, mental health and general wellbeing	<b>N</b>
To reduce health inequalities across Wirral	<b>N</b>
To adopt a health and wellbeing approach in the way services are both commissioned and provided	<b>Y</b>
To commission and contract for services that: <ul style="list-style-type: none"> <li>• Demonstrate improved person-centred outcomes</li> <li>• Are high quality and seamless for the patient</li> <li>• Are safe and sustainable</li> <li>• Are evidenced based</li> <li>• Demonstrate value for money</li> </ul>	<b>Y</b>
To be known as one of the leading organisations in the Country	<b>N</b>
Provide systems leadership in shaping the Wirral Health and Social Care system so as to be fit for purpose both now and in five years' time.	<b>Y</b>

## JOINT STRATEGIC COMMISSIONING BOARD

(Committee in Common)

<b>Meeting Date:</b>	<b>9<sup>th</sup> July 2019</b>
<b>Report Title:</b>	<b>Liverpool City Region (LCR) Adult Social Care Integrated Commissioning Update</b>
<b>Lead Officer:</b>	<b>Angela Johnson</b>

### INTRODUCTION / REPORT SUMMARY

This report provides an overview of key elements of collaborative work, led by Directors of Adult Social Services (DASSs), across Liverpool City Region. The key principle driving the programme of collaborative work is demand management. All work streams aim to prevent, delay or reduce demand across the health and social care system. Work to date has focused effort on areas of greatest spend and highest risk: Home care, Residential and Nursing Care and Complex Care (Younger Adults). However, discussions are currently underway to determine the focus of the work for the next two years.

### RECOMMENDATIONS

That the Joint Strategic Commissioning Board note the content of this report.

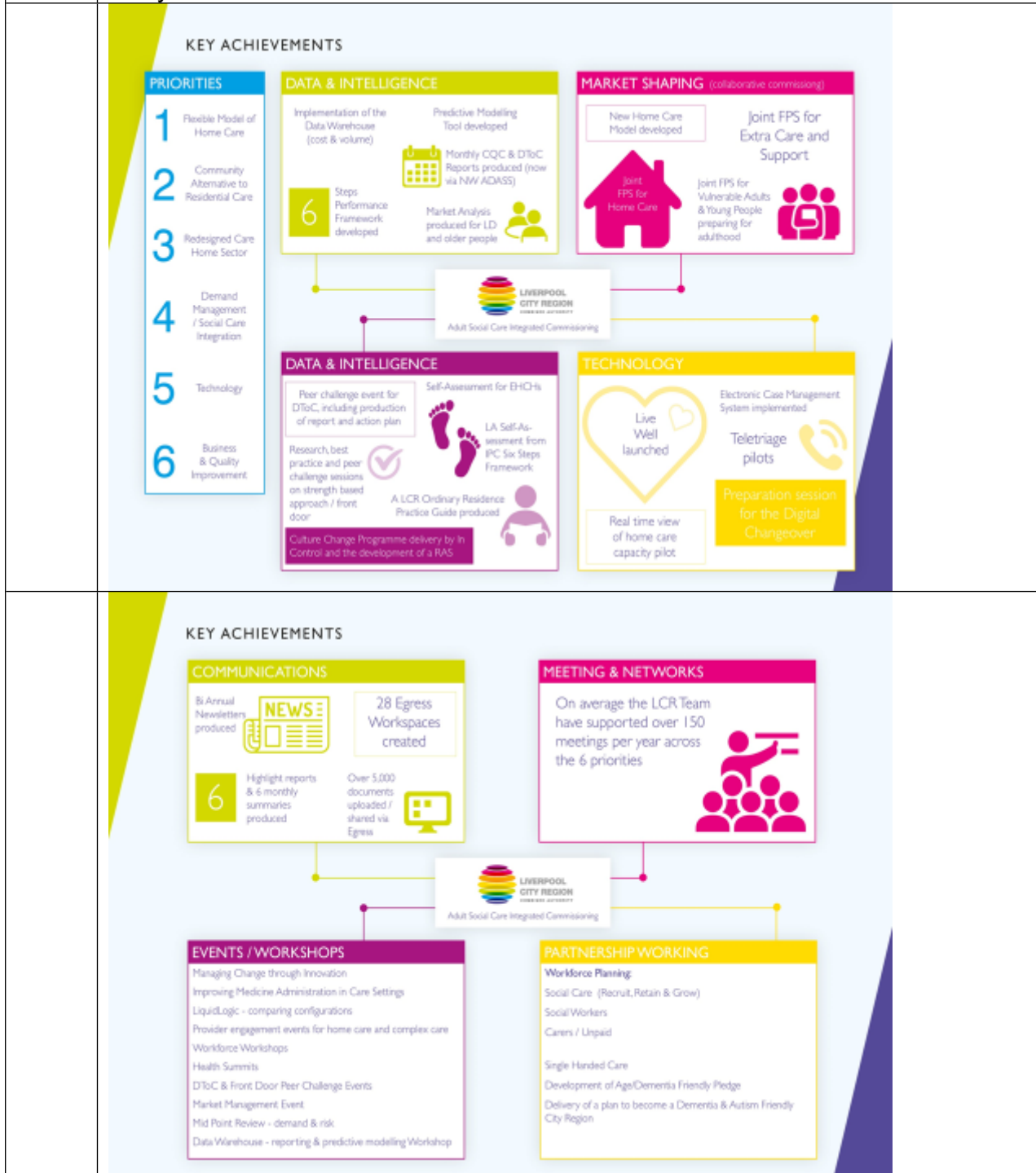
## SUPPORTING INFORMATION

### 1.0 BACKGROUND INFORMATION

1.1	<b>Liverpool City Region Adult Social Care(ASC) Programme</b>																													
	Since 2015, staff working in ASC have been working together on a voluntary basis to collaborate on a range of projects that aim to support local areas to manage demand and improve the quality and sustainability of the care market. All work streams therefore aim to prevent, delay or reduce the need for care.																													
	Directors of Adult Social Care agreed to concentrate effort on areas of greatest spend and highest risk: Home Care, Residential and Nursing Care and services for younger adults with complex needs. The work plan aims to support areas to manage demand through a shift to strength-based assessment and practice, by maximising the use of community assets and by working with the care market to replace traditional services with new outcome based models of care. The plan set out the following priorities:																													
	<table border="1"> <thead> <tr> <th data-bbox="295 819 486 898">PRIORITY NO</th> <th data-bbox="486 819 831 898">PRIORITY PROJECT AREA</th> <th data-bbox="831 819 1444 898">PRIORITY STATEMENT</th> </tr> </thead> <tbody> <tr> <td colspan="3" data-bbox="295 898 1444 931"><b>Service Redesign</b></td> </tr> <tr> <td data-bbox="295 931 486 1077">1</td> <td data-bbox="486 931 831 1077">Flexible model of home care</td> <td data-bbox="831 931 1444 1077">An integrated, multi-disciplinary home care service will maximise health and wellbeing, using an asset based philosophy</td> </tr> <tr> <td data-bbox="295 1077 486 1189">2</td> <td data-bbox="486 1077 831 1189">Community alternatives to residential care</td> <td data-bbox="831 1077 1444 1189">LCR will support people to live independently within their chosen communities</td> </tr> <tr> <td data-bbox="295 1189 486 1379">3</td> <td data-bbox="486 1189 831 1379">Redesigned care home sector that providers good quality, cost effective nursing care</td> <td data-bbox="831 1189 1444 1379">The care home market will be jointly commissioned with health and focussed on the delivery of nursing care</td> </tr> <tr> <td colspan="3" data-bbox="295 1379 1444 1413"><b>System Redesign</b></td> </tr> <tr> <td data-bbox="295 1413 486 1559">4</td> <td data-bbox="486 1413 831 1559">Health and Social Care integration (Demand Management)</td> <td data-bbox="831 1413 1444 1559">Full service integration will be supported by clear governance and pooled budget arrangements</td> </tr> <tr> <td data-bbox="295 1559 486 1704">5</td> <td data-bbox="486 1559 831 1704">Technology</td> <td data-bbox="831 1559 1444 1704">The use of technology will be explored and its implementation maximised to support direct care delivery</td> </tr> <tr> <td data-bbox="295 1704 486 1818">6</td> <td data-bbox="486 1704 831 1818">Business and Quality Improvement</td> <td data-bbox="831 1704 1444 1818">All services will be delivered through greater efficiencies, reduced duplication and improved quality</td> </tr> </tbody> </table>			PRIORITY NO	PRIORITY PROJECT AREA	PRIORITY STATEMENT	<b>Service Redesign</b>			1	Flexible model of home care	An integrated, multi-disciplinary home care service will maximise health and wellbeing, using an asset based philosophy	2	Community alternatives to residential care	LCR will support people to live independently within their chosen communities	3	Redesigned care home sector that providers good quality, cost effective nursing care	The care home market will be jointly commissioned with health and focussed on the delivery of nursing care	<b>System Redesign</b>			4	Health and Social Care integration (Demand Management)	Full service integration will be supported by clear governance and pooled budget arrangements	5	Technology	The use of technology will be explored and its implementation maximised to support direct care delivery	6	Business and Quality Improvement	All services will be delivered through greater efficiencies, reduced duplication and improved quality
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1.2 Progress to date

The attached sides provide an overview of the work undertaken over the last two years:



1.2.1	<p><b>Market Shaping</b></p>
	<p>In 2017 commissioners worked together to develop a new model of home care to be implemented at a local level that is:</p> <ul style="list-style-type: none"> <li>• Person centered, giving people with more choice over the type of care people receive</li> <li>• Moves away from ‘task and time’ to provide care that enables (and re ables) people to live at home</li> <li>• Ensures that care is place based and is an integral part of the wider community and health based support offer</li> <li>• Reduces pressure on acute services by supporting more people with complex needs to live at home</li> <li>• Attracts and retains more local people into the care profession</li> </ul> <p>Each local area has been working to implement elements of the new model. Progress across the region includes the introduction of:</p> <ul style="list-style-type: none"> <li>• Electronic Case Management systems</li> <li>• Home Care Trusted Assessors</li> <li>• Single handed care (Moving with Dignity)</li> <li>• Increased use of Assistive Technology</li> <li>• Home care reablement services</li> <li>• Home from hospital care and support</li> <li>• End of life care and support</li> </ul>
	<p>Other work includes the development of flexible purchasing systems. These purchasing frameworks will provide commissioners with the option of a single route to market and providers with the opportunity of a single point to enter the market. The frameworks will support sub regional market engagement and will provide greater transparency for the region on the volume and cost of placements. It is intended that the frameworks will set out a set of common high level terms and conditions that will be supplemented by local terms and conditions at the point of call off. With each new commission, work will continue to reduce duplication and cost by aligning service specifications and performance frameworks. Current frameworks include:</p> <ul style="list-style-type: none"> <li>• Domiciliary Care (Knowsley and Sefton only)</li> <li>• Extra Care Housing and Support (All LCR LA’s)</li> <li>• Vulnerable Adults and Young People preparing for Adulthood (All LCR LA’s and CCG’s)</li> </ul>
1.2.2	<p><b>Data &amp; Intelligence</b></p>
	<p>The region has introduced a system that supports analysis of commissioned care services across the sub region. The system holds current and historical (5yrs) information on commissioned care services and produces local and sub-regional analysis of placements. The primary focus is to highlight differentials in cost, volume and length of placement to inform commissioning. A more recent addition is the development of a predictive modelling tool to inform strategic commissioning and financial planning. Further work includes a project to develop an online Market Position Statement.</p>

1.2.3	<b>Technology</b>
	Knowsley, Liverpool and Wirral worked together to introduce the LiveWell on line information and advice service that enables local residents to search for services in neighbouring boroughs in addition to their own local area. Officers from across the region continue to work together to develop the system.
	Following a pilot in Liverpool, home care agencies in Knowsley, Liverpool and Sefton have introduced Electronic Case Management Systems. The systems enable carers to have up to date information on changes to care packages and enable family members to have timely access to information on the care their loved ones have received. Discussions are also underway with providers in Wirral regarding the use of electronic care management systems.
	Following a pilot in Sefton, health and social care commissioners from Sefton, Liverpool and Wirral worked together to pilot teletriage in care homes and the potential for telehealth. Wirral is delivering a teletriage service through Wirral Community health trust and other areas are using the learning from pilots to inform local decision regarding the development of local or sub regional services.
1.2.4	<b>Infrastructure and enabling support.</b>
	Collaborative work across the region is supported through formal Project Boards and meetings; and through a number of professional and practitioner networks. Staffs across the region have access to a shared drive that holds information on meetings, workshops and events. The system also acts as an information repository which supports shared learning; and supports local areas to access business intelligence from neighbouring LAs e.g. business cases, evaluations, service specifications etc. to inform transformation at a local level.
	<p>Work has also included a programme of topic specific workshops and events set around opportunities for shared learning around specific areas of concern or risk. Examples include workshops focussed on different aspects of demand management including:</p> <ul style="list-style-type: none"> <li>• Workshops exploring levels of spend in each LA in our region compared to NW region and national averages</li> <li>• Workshops comparing the effectiveness of each areas approach or demand management through the Six Steps to Managing Demand in ASC Framework</li> <li>• Workshops and Peer Challenge session exploring the effectiveness of local areas systems and processes to prevent delayed transfers of care through the High Impact Change Model</li> <li>• Workshop and Peer Challenge sessions exploring the effectiveness of LA strength based assessment and triage/front door services</li> </ul>

1.2.5	<p><b>The next two years</b></p> <p>Senior Managers across the region are keen to continue to work in collaboration and to build on the outcomes and positive relationships delivered through this work over the last two years. However, it is acknowledged that given the level of change across the health and social care sector, it is essential to revisit priorities to ensure that any work undertaken together can add value to work undertaken at a local level.</p>
	<p>Based on an initial discussion regarding priorities for the next two years the following areas have been identified for potential collaboration:</p> <ul style="list-style-type: none"> <li>• Work to reshape and diversify the Social Care Market (with particular emphasis on the market for younger adults with complex needs) through Inclusive Commissioning: growth of SME's, Community Interest Companies, Alternative Delivery Vehicles, In-house provision.</li> <li>• Work to support the recruitment, retention and growth of staffs in the external care market</li> </ul>
	<p>In addition to the above, support for local areas as they progress Health and Social Care Integration has also been identified as a priority.</p>
	<p>It is envisaged that the detail on the scope of these projects will be developed further at a meeting in July, following discussions with partners at a local level.</p>

## 2.0 FINANCIAL IMPLICATIONS

No specific issues.

## 3.0 LEGAL IMPLICATIONS

No specific issues.

## 4.0 RESOURCE IMPLICATIONS: STAFFING, ICT AND ASSETS

No specific issues.

## 5.0 RELEVANT RISKS

No specific risks arising out of this report.

## 6.0 ENGAGEMENT/CONSULTATION

N/A



## 7.0 EQUALITY IMPLICATIONS

- 7.1 The collaborative programme of work has no direct impact on equality. Where specific pieces of work may have equality implications, an equality impact assessment will be undertaken.

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## APPENDICES

Summary of Progress: -

Appendix 1 – Care Home overview

Appendix 2 – Community Alternatives to Residential Care (CARC) overview

Appendix 3 – Redesigned Care Home Sector overview

Appendix 4 – Demand Management overview

Appendix 5 – Technology overview

Appendix 6 – Business and Quality Improvement overview

## BACKGROUND PAPERS

N/A