



Pooled Funding Arrangements 2020/21

Report of Adult Care and Health Overview & Scrutiny Committee

January 2020



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1. INTRODUCTION

- 1.1 In October 2018, the Joint Strategic Commissioning Board (JSCB) resolved to support a proposed Section 75 agreement in relation to the Wirral Health and Care Commissioning Pooled Fund. This agreement set out a financial governance and decision-making process in order to strengthen the establishment of a single health and care commissioner for Wirral. Subsequently, this decision was 'called-in' in accordance with Council procedure rule/standing order 35 on the basis that there had been limited opportunity for Elected Members to consider the contract and undertake the in-depth scrutiny necessary.
- 1.2 Further examination of the proposals took place as a result of this 'called in' decision, with the matter referred to full Council in December 2018. As a result of this democratic process, Council endorsed the need for 'improved and early dissemination of information to Elected Members' and requested that the Joint Strategic Commissioning Board (JSCB) ensure that a meaningful dialogue with relevant Overview & Scrutiny Committee Members was established.
- 1.3 A Member workshop for all Overview & Scrutiny Members was convened in October 2019 in order that current integrated care arrangements could be reviewed and new arrangements for 2020/21 be scrutinised fully. One of the key priorities for Members in undertaking this process was that there was comprehensive engagement with service users, those close to service users and other stakeholders impacted by services included within the pooled fund agreement. Representations were made by patient, carer and social care staff spokespersons, thus fulfilling the recommendation made by the Adult Care and Health Overview & Scrutiny Committee in 2018/19 that improved engagement take place and the participation of patients and frontline staff in health scrutiny be encouraged.

2. SECTION 75 POOLED FUNDING PROPOSALS

- 2.1 At the time of the Member workshop, there was no formal agreement in place for 2020/21, however the aim of commissioners as communicated to Members was for the scope of the pooled fund for the 2020/21 period to remain unchanged from current arrangements - with no plans to extend the agreement to include additional schemes. For this reason the scrutiny undertaken at the workshop, and consequently the information referenced in this report, is on the basis of data provided in 2019/20.
There is a mandatory legal requirement to have a Section 75 agreement in place in order to access the elements of the pool relating to the Better Care Fund. In addition, it is important to note that there are significant variances in Section 75 arrangements between local authorities, with agreements for different areas put in place by commissioners in accordance with local need. In Wirral, key elements of current arrangements are a formal integrated partnership between the Council and Wirral CCG, a Joint Strategic Commissioning Board (JSCB) with delegated decision-making powers and representation from both the Council and the CCG, and the transferral of social workers to the NHS.
- 2.2 The Better Care Fund provides money for services that help to assist vulnerable people in leaving acute care settings and to stay in their own home, with 2000 people supported per day over the last year and a focus on joined up services that are free at the point of delivery. Key elements of the pooled fund include services such as telehealth community equipment, home care support, intermediate care services and early intervention –

amongst a variety of other services. Better Care Fund schemes in 2019/20 were worth approximately £56m, with adult social care services the main beneficiary.

- 2.3 Another key function of current arrangements is to support people with complex disabilities who require help from both health and support services on a daily basis, along with mental health. The initial objective for the inclusion of these services was to ensure that the focus was on commissioning the most effective and timely support package for individuals rather than who pays for this care. In 2019/20, this included 765 individual care packages – with 54 NHS only, 106 health and care funded and 605 social care only. Almost all of the Council’s statutory social care services are now delivered through formal partnership with NHS providers, including all social workers for children and adults with disabilities. These integrated teams carry out all statutory assessments and support planning duties on behalf of the Council for this group of people. For the general population (including older people) budgets have not been pooled, in order to mitigate financial risk against the budget deficit and demand and cost for hospital care within the health system.
- 2.5 To ensure a focus on wellbeing and early intervention, a total of £13m of public health money is included within the pooled fund. Public health services are at the centre of the ‘Healthy Wirral’ plan to look to address health inequality and provide a preventative approach to health and care for local residents. Services commissioned by public health are those that have a direct impact on health and care; notably drug & alcohol and sexual health facilities. Although it is not mandatory to include the public health and complex disability elements in terms of accessing BCF funding, they have been incorporated with the objective of ensuring a more holistic arrangement for Wirral.
- 2.6 Current arrangements for pooled funding, and any future arrangements formalised for 2020/21, are intended to cover the period of April 2020 to March 2021 only - as the long-term funding of social care nationally is uncertain at present. Therefore, no speculation has been put forward as to proposals beyond March 2021 at this time.

3. SUMMARY OF WORKSHOP DISCUSSIONS AND MEMBER QUESTIONS

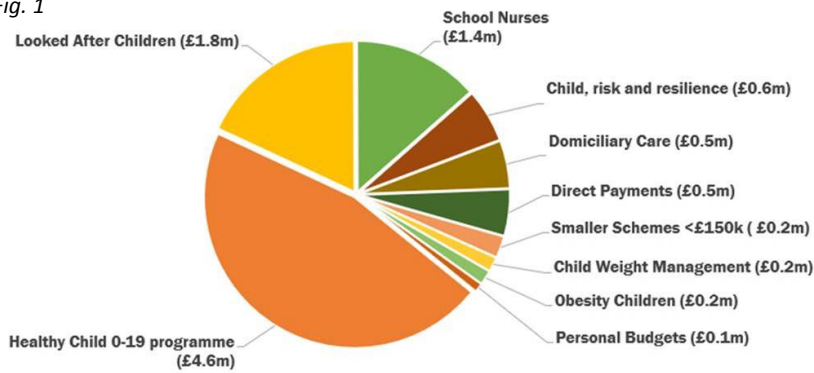
- 3.1 As referenced earlier in the report, a number of stakeholders were invited to take part in the Member workshop in order to give their views on the impact of pooled resources on the provision of care for residents in Wirral. These stakeholders addressed the Committee and gave an invaluable insight into the day to day implications of integration. Two representatives from Wirral Patient Participation Groups (PPG) stated the importance of integration as a two-way street of information, particularly for those with learning disabilities, in relation to hospital discharge and in the case of readmission. A potential need for review and additional training for social workers and staff around learning disabilities and mental health needs was also highlighted. PPG spokespersons raised the issue of delayed transfers of care caused by waits for home adaptations. Although this service is not directly provided by social care, but rather through a delegated arrangement with the Council’s housing team, Members welcomed the feedback provided. For intermediate care requirements, such as a patient leaving hospital and receiving residential care in order to prepare them for returning home, the cost will be funded by the pooled resource as this clearly sits between health and social care.
- 3.2 In addition to patient representatives, Members were grateful to hear from Wirral carers regarding their own experience of the care system, namely spokespersons from Age UK and Wired. A carer representative, whose daughter has multiple profound learning

disabilities, told of her frustration at still having to repeat herself when dealing with health and care services, despite personal information being available to medical and care professionals. There was discussion amongst Members around the possibility of individual human error or lack of training being the cause of this, but there was still concern amongst attendees that in some instances patients and carers are continually required to repeat details surrounding their circumstances. Alternately, a representative caring for her husband advised that their experience of returning home from hospital recently was made as smooth as possible, and that everything was done to ensure an appropriate care plan was put in place. These cases show that experiences of integrated care do tend to differ on a case by case basis, a factor noted by commissioners in attendance.

- 3.3 A number of frontline social care staff also attended the workshop in order to provide a view from the perspective of those teams who have been transferred to the NHS to work in fully integrated health and care settings. Staff were incredibly passionate about the benefits of working within multi-disciplinary teams and delivering joined up care for residents. Key comments included the usefulness of co-location of staff teams and how this has developed a clear understanding of the roles and responsibilities of the different specialities – including sharing skill sets, knowledge bases and best practice. In addition, health colleagues now have a better understanding of social care issues such as capacity. A member of the integrated care coordination team provided details of a valuable case study regarding a patient safeguarding referral for self-neglect. The integration of services meant that she was quickly able to source a detailed patient history from a district nurse, and a joint patient visit was arranged immediately as a result of co-location. Subsequently, health and social care professionals were able to put together a clear and effective care plan without delay, and overall there has been an improvement in responsiveness for those in crisis.
- 3.4 Although day to day working practices have broadly improved, it was noted that integration on Wirral is still essentially in the relatively early stages of change and that there is further work to do. Members asked staff to what extent they thought that any improvements in the service they were delivering were down to integrated funding specifically, and to what extent it was partnership working. A member of the community mental health team advised Members that, within her discipline, social workers have been effectively co-located since 1999 and as a result have had the benefit of close working with mental health nurses and consultant psychologists within that time. However, it is further management integration and consolidation of IT systems that would make a real difference to efficiency. In addition, the lack of staffing resource in community mental health services has the biggest impact on patient outcomes. Staff agreed that the strategic and joint commissioning that had resulted from recent formal integration had the biggest impact on those with the most complex needs and gave social care staff the autonomy to design the individual care package most suitable for the patient.
- 3.5 Members requested a view from social care staff on how they felt that formal integration has supported children transitioning to adults services and were advised that the adults social care team have developed a close working relationship with children's services. Governance procedures have improved in recent years, with transition policies revised to ensure that anticipation and forward planning is a priority. The team meets monthly with people supported a year before they turn 18 so that they can adequately prepare the person and their family and resolve any issues. There was consensus amongst the social care staff present that the transition system is working far more effectively than it did previously.

- 3.6 On behalf of the Elected Members, the Chair of the Adult Care and Health Overview & Scrutiny Committee extended her thanks to those stakeholders who had taken time to participate in the scrutiny process and stated how valuable their contribution had been.
- 3.7 Members recognised that experiences and perceptions of those delivering health and social care services differ somewhat from those receiving them, particularly in relation to sharing of information - with the development of the NHS Health Passport scheme appearing to be inconsistently delivered in Wirral. Members note that the benefits of broad use of a Health Passport across health and social care systems are abundant; the document provides clear and up-to-date health information, communication preferences and personal details to assist with the often distressing transfer of patients between social and health care settings, and ultimately results in a better patient journey and cost saving through efficiencies.
- 3.8 Further Member debate and questioning took place; with one councillor stating that the workshop, although informative, focussed mainly on the integration of health and care as a way of working and not on the financial governance. Although Members appreciate the necessity of a Section 75 agreement to 'draw down' BCF money, focus was placed on why the decision had been made to formally partner with the NHS as opposed to simply working collaboratively. The Director of Care and Health advised Member that on Wirral these teams have worked as an integrated unit since 2013. Despite the implementation of this initial integration programme, management processes continued to be an issue which in turn led to a need for more formal governance partnering. The Director admitted that there is still work that needs to be done to simplify and streamline these slow processes – but ultimately, cross referrals in non-integrated services cause delays and create a bureaucratic system, impacting heavily on the resident in need.
- 3.9 It was welcomed by Members that the risk to the Council was alleviated by not extending the current pooled budget, and that the narrower scope of the pooled fund has helped to mitigate against broader health and care system risk. At this stage, broadening the scope of the pooled fund to include *all* social care spending could increase risk due to ongoing pressures within the health system. Members also sought assurance on plans for potential further financial integration with the CCG. The Director of Care and Health advised that there were no plans for this to take place in the foreseeable future, particularly in light of uncertainty around social care funding and current healthcare deficits.
- 3.10 Members raised questions around savings against the budget for people with learning disabilities. The Director for Care and Health stated that integrated teams are working each year to deliver savings in learning disability services; with the budget reduced by £2m each year for the last 2 years and due to reduce by a further £2m next year. These cost reductions have mainly been achieved through a number of initiatives focussed on improving independence; including care package reviews, assistive technology and Extra Care Housing. Each year there is also an expected level of demographic growth and new demand and, although this has not been added to the budget by the Council, new funding such as the iBCF and other national funding initiatives have been used to help against these financial pressures.
- 3.11 In addition, Members requested detail around the breakdown of the £10m children's funding stated in the section 75 agreement for 2019/20. Information was circulated to Members outside of the workshop, which detailed that £1.8m of this funding relates to the cost of care packages for Looked After Children, with £6.8m related to ringfenced Public Health funding as set out in Figure 1 below;

Fig. 1



3.12 Alongside this, a further £1.1m funding is routed into children's care packages from adult's meaning that the total spend on direct care packages is £2.9m.

3.13 In response to a request for assurance over the risk share apportioned to the Council, the Director of Care and Health stated that the pooled fund had overspent in 2019/20 by £200k – and that on the basis of the 50/50 risk and gain share agreement, the Council were liable for 50% of this. However he was keen to put this figure into perspective, advising Members that the £100k liability was equivalent to 0.001% of the Adult Social Care budget, or 2 complex care packages, and that the benefit of the pooled fund outweighed this minimal cost.

4. CONCLUSIONS AND FINDINGS

Pooled fund budget performance reporting

Detailed financial reporting of pooled fund budget performance should continue to be shared with Elected Members so that they may have sight of the full budgetary position, financial performance and funding breakdowns. It is recommended that commissioners work closely with Elected Members to ensure this oversight is included in the Council's revised governance arrangements from May 2020.

Continued engagement with service users or those close to service users, and continued use of external stakeholders where relevant

Members welcome the opportunity to engage with those affected by services that are included in the pooled funding arrangements and are keen that they play a fundamental role in ensuring legitimate scrutiny of services. Participation should be encouraged by way of Member visits, involvement in advocacy sessions or (where possible) through service user attendance at Council meetings.

Further promotion of the NHS Health Passport Scheme on Wirral

Members recognise the benefits of the use of the NHS Health Passport scheme and note that there is inconsistent awareness and utilisation of this scheme on Wirral. The Health Passport is a straightforward and cost-effective way for key patient information to be shared between health professionals; with particular effectiveness for the most vulnerable patients. Members request that commissioners liaise with healthcare organisations across the Borough to encourage use of the Health Passport across the system.

Appendix 1 – Workshop Member Attendance

Cllr Bruce Berry
Cllr Kate Cannon
Cllr Chris Carubia
Cllr Chris Cooke
Cllr Tony Cottier
Cllr Phil Gilchrist
Cllr Sharon Jones
Cllr Mary Jordan
Cllr Moira McLaughlin (Chair of the Adult Care and Health OSC)
Cllr Christina Muspratt
Cllr Yvonne Nolan
Cllr Tony Norbury
Cllr Jean Robinson