

## **ADULT SOCIAL CARE AND PUBLIC HEALTH COMMITTEE**

**Monday, 24 October 2022**

<b>REPORT TITLE:</b>	<b>SOCIAL CARE DELIVERY REVIEW (INTEGRATED SOCIAL WORK ARRANGEMENTS)</b>
<b>REPORT OF:</b>	<b>DIRECTOR OF CARE AND HEALTH</b>

### **REPORT SUMMARY**

Local Authorities have statutory duties placed upon them in relation to Adult Social Care that require Adult Social Services departments to assess the needs of people who may need social care and support services. The duties include a range of functions including assessment, support planning, safeguarding, mental health assessment and professional case management.

Prior to the current arrangements, the Council's Adult Care and Health directorate had developed a co-located approach with NHS partners to delivery some of these functions whilst it developed its plans for a more structural approach to integrated services. A national move towards greater integration was based on the principles of people receiving the right care, in the right place, at the right time, and having to tell their story only once and with a joined up seamless service to respond to their overall needs.

In 2017 Wirral developed a model of fully integrated adult social care and health services, and the Council entered into formal contractual arrangements to delegate functions for assessment, support planning, safeguarding and mental health support to its NHS partners. This included a small element of services for children with disabilities. Whilst these, and other functions, were delegated, the Council retained its statutory duties and also retains the adult social care budget together with leadership of the care market.

On the 3rd of March 2022, the Adult Social Care and Public Health Committee approved a recommendation to extend the contractual arrangements for a further year to enable a review of the arrangements. This report presents a summary of the review undertaken and makes recommendations to members for the future direction on delivering statutory adult social care services and functions.

The report supports the following priorities from the Council's Wirral Plan:

- Working for safe and vibrant communities where our residents feel safe and are proud to live and raise their families.
- Working to provide happy, active and healthy lives for all, with the right care, at the right time to enable residents to live longer and healthier lives.

This is a key decision that affects all wards.

## **RECOMMENDATION/S**

The Adult Social Care and Public Health Committee is recommended to:

1. (a) extend the contract with NHS Wirral Community Health and Care Foundation Trust (WCHCFT) for the provision of social care services on substantially the same terms and conditions for a period of 1 year as set out in para 2.1 of this report.  
  
(b) extend the contract with NHS Cheshire and Wirral Partnership Foundation Trust (CWP) for the delivery of All Age Disability and Mental Health Services on substantially the same terms and conditions for a period of 1 year as set out in paragraph 2.1 of this report.
2. The Review of Social Care Delivery Arrangements be noted.
3. A further report to be brought by the Director of Care and Health to this Committee setting out the considerations involved in moving towards returning the provision of social care services and all age disability and mental health services to the Council's direct delivery.

## **SUPPORTING INFORMATION**

### **1.0 REASON/S FOR RECOMMENDATION/S**

- 1.1 Option One is recommended as, although the review has found good evidence of positive outcomes of the integrated service model in many areas, there are also areas identified where the potential opportunities in the current arrangements have not been fully realised and where the Council has reduced ability to focus the development of service delivery to fully meet the priorities and requirements of the Council.

### **2.0 OTHER OPTIONS CONSIDERED**

#### **2.1 Options Considered**

##### **Option One**

To extend the contracts for a further year until 30<sup>th</sup> September 2024, with the option to extend and on substantially the same terms, whilst consideration is given to the benefits of moving towards returning the services to the Council's direct delivery whilst also retaining the best aspects of integration.

This is the recommended option. Although the review has found good evidence of positive outcomes of the integrated service model in many areas, there are also areas identified where the potential opportunities in the current arrangements have not been fully realised and where the Council has reduced ability to focus the development of service delivery to fully meet the priorities and requirements of the Council. A full exercise would be required to be undertaken to identify the benefits, risks, costs and necessary requirements in moving towards returning the services to the Council's direct delivery, whilst also retaining the best aspects of integration that have been achieved. A longer period of time would be required to establish the desired arrangement for delivering services and the requirements to implement any decision to do so.

##### **Option Two**

To extend the contracts for a further five (plus two) years, on substantially the same terms and conditions until 30<sup>th</sup> September 2028/2030.

This is not the recommended option. A long term extension on substantially the same terms would enable continuation of safe delivery of the Council's Adult Social Care statutory duties by its delivery partners, but would not enable the Council to have the full flexibility to adapt and develop the services to fully meet the priorities and requirements of the Council.

##### **Option Three**

To allow the contract to end on 30<sup>th</sup> September 2023 and to return the services to direct Council delivery.

This is not the recommended option. Further work would be required to understand the benefits of returning the services to the Council's direct delivery and a longer period of time would be required to make the necessary arrangements to do so.

### 3.0 BACKGROUND INFORMATION

- 3.1 In 2017, the Council approved a contractual arrangement with NHS Wirral Community Health and Care Foundation Trust (WCHCFT) for the provision of social care services (background papers), and in 2018 a contract with NHS Cheshire and Wirral Partnership Foundation Trust (CWP) for the delivery of All Age Disability and Mental Health Services (background papers). Both contracts included the delegated responsibilities for statutory assessment and provision as defined by the provisions of the Care Act 2014 (background papers). This included the transfer of all Social Workers, Occupational Therapists, Managers, and frontline staff working in the areas transferred. 332 staff transferred in total.
- 3.2 The contract price for the services is almost fully related to direct staffing costs, with a minor element associated with support functions. Annual contract price uplifts therefore reflect the impact of annual pay rises. The value of both contracts combined for each year of the contract are:

	<b>WCHCFT</b>	<b>CWP</b>	<b>Total</b>
2017-18	£6,934,900	-	£6,934,900
2018-19	£8,634,348	£3,472,409	£12,106,757
2019-20	£8,940,189	£5,497,068	£14,437,257
2020-21	£9,282,874	£5,731,763	£15,014,637
2021-22	£9,282,874*	£5,894,733	£15,177,607

\*Please note the 21-22 uplift for WCHCFT is still to be agreed and thus currently stands at the same level as 2020-21.

- 3.3 In their last inspection report, the Care Quality Commission has rated WCHCFT overall as requires improvement following the last inspection on 6 March 2018, and CWP rated overall as good following the last inspection on 11 March 2020.
- 3.4 As it is approximately five years since the integrated service arrangements have been in place, and at the request of the Committee, a review of the integrated service arrangements has been undertaken by the Council.
- 3.5 The review report is appended (Appendix 1). The review focussed on the following main areas and considered:
- Evidence of the extent of a sustained incremental improvement of the base line performance data since the services transferred.
  - The degree to which the delegated statutory functions of the Council are provided in a person-centred outcome focused way and which meet quality standards.
  - The impact the service arrangements have had in delivering the Adult Social Care functions within an integrated model leading to more people remaining well,

achieving greater independence, and receiving a seamless response, and provision of the right care, at the right time and in the right place.

- d) The degree to which compliance with the contract arrangements has been consistently achieved.
- e) The degree to which the professional identity of Social Work within both organisations has been maintained, supported by an analysis of the lived experience of staff.
- f) The views of people with lived experience of the support services provided.
- g) An analysis of financial efficiencies achieved, and costs avoided.
- h) Evidence of good leadership.
- i) Evidence of implementing learning derived from complaints.

### 3.6 **Performance**

The service providers were both expected to achieve sustained incremental improvement of the base line performance. Prior to the services transferring performance data was available for the Adult Care and Health department as a whole. Under the transfer arrangements a set of Key Performance Indicators (KPI) and Activity Measures (AM) were developed together with Performance targets, and these were included in both contractual arrangements.

- 3.6.1 The review found that there was improvement in performance in some areas for WCHCFT, such as KPI 2 - percentage of safeguarding concerns completed within 5 days and AM 9 - number of permanent admissions per 100,00 (65+), and an underperformance in other areas such as KPI 3 percentage of safeguarding enquiries completed within 28 days and KPI 4 - percentage of individuals who have had an annual review completed. For CWP, the review found that there was improvement in performance in some areas such as KPI 3 - percentage of safeguarding concerns completed within 28 days and KPI 4 - percentage of individuals who have had an annual review completed; and an underperformance in other areas such as KPI 2 - percentage of safeguarding concerns (contacts) initiated by CWP within 5 days (excluding EDT) and KPI 6 - percentage of adults with a learning disability who live in their homes or with family. However, performance was not at the required level in all areas consistently prior to transfer in 2017 when all services were delivered by the Council, and performance and activity measures since transfer have been affected by the Covid pandemic response in 2020 and 2021 and the legacy of acute pressures in the care and health system.
- 3.6.2 On balance, it cannot be said that there has been a sustained incremental improvement of the base line performance data across all areas since the services transferred.
- 3.6.3 Whilst performance is not consistently at the required level in line with the contract expectations, services are performing at a level that is safe and which generally provide a good level of service to Wirral residents.

### 3.7 **Person Centred approach**

There is evidence of person-centred working and people being fully involved in their care and support discussions and arrangements. This is partly evidenced by the new ways of working and adoption of the “Three Conversations” model where there is improved focus on relationships and understanding with people who are supported.

There is evidence of people being supported more quickly, and also of a more seamless delivery of health and care services where people have multiple needs.

### **3.8 People remaining well, achieving greater independence, and receiving a seamless response, and provision of the right care, at the right time and in the right place**

There are good examples of integrated working where people receive joined up care and support and are supported by a team without having to repeat their story to multiple professionals. There are examples of people being supported more quickly, with a preventative and rehabilitative approach and where people achieve good outcomes. However, case review rates have remained low overall, and the response to Council priorities and initiatives has not always had the priority focus that is needed, for example, improving uptake of Direct Payments and introducing assistive technology at scale to promote independence.

### **3.9 Contractual compliance**

Overall, the service delivery has complied well with the main expectations within the contract. Services have been delivered safely and generally to a good standard. Delivery within budget has been achieved and efficiencies have been produced. However, there are areas of expected service development that have not yet been achieved to the extent that was originally anticipated. For example, the service development element of the contract identifies the transition for young people into adult services as an area for improvement. The review was not assured that any significant improvements have been made, a transition pathway has however been developed, but it is the intention to develop substantive metrics.

It was anticipated that the take up of direct payments would be improved. In 2019 18% of the eligible population supported by WCHCFT were in receipt of a direct payment, in 2021/22 that figure is 17.5%.

In 2019 21.1% of the eligible population supported by CWP were in receipt of a direct payment, in 2021/22 that figure is 18.2%.

### **3.10 The professional identity of Social Work**

Both service providers have invested in maintaining and raising the profile of the Social Work professional role. This has been widely recognised by staff and managers working in the services. The service provider organisations have provided good leadership and professional development opportunities and training to their staff.

### **3.11 Lived experience**

The lived experience of people supported by both service providers has been considered and there are some excellent examples that highlight the positive impact that both services have had on the lives of the people that they have supported. However, it is difficult to compare the findings of people's experience to services prior to transfer.

#### **3.11.1 Healthwatch Wirral were also asked to undertake an independent engagement exercise with staff employed in the services. The aim was to give staff an open and confidential space to speak freely. The purpose of this independent engagement was to gain an understanding, directly from the staff teams, about whether they were**

happy with the current way of working within the NHS, what barriers they faced and whether they felt that integration into the NHS had been successful and of greater benefit to the people who were in receipt of their care. The exercise showed that there are varying views amongst staff working in the services, with many staff highly positive about their experience and the benefits of integration, and with some staff citing areas that they believe to be no better since transferring to the NHS service providers. From the outcome of this process there is no strong collective view from the staff engaged with.

### 3.12 Financial efficiencies

Both service providers have delegated responsibility for managing their social care budget allocation and achieving annual savings targets. There is good evidence that efficiency targets have been consistently achieved overall, combined with efficiencies achieved through Council commissioning initiatives. Delivery of efficiencies is monitored regularly throughout the year and is included in the Council's budget reporting cycle. Efficiencies delivered are detailed in the table below.

Year	Target	WCHFT Achieved	CWP Achieved
2018-19	£1.5m	£1.5m	£0.921m
2019-20	£2.5m	£1.71m	£1.668m
2020-21	£1.75m	£1.04m	£0.512m
2021-22	£2m	£2m	£1.749m

### 3.13 Leadership

Both service provider organisations have demonstrated strong leadership of the transferred services overall. Over the period of the contract arrangement, there have been significant changes in management roles and in professional leadership. Whilst it is not a requirement to have Social Work qualified managers at all levels and for all service areas, it is important that the availability of Social Work professional support and leadership is maintained across the services to ensure that Social Work and associated staff are supported and managed effectively. With the level of change in management arrangements, this is an area that requires to be kept under review.

Accountability and responsibility for adult social care and professional social work leadership, safeguarding and complaints has remained with the Council's Adult Care and Health directorate, and specifically with the Directory of Adult Social Services. However, operational responsibility for the management of social work provision, assessment and support planning is transferred to the service providers. This relationship has been well managed but has created some added complexity and differences in priority setting. With services being provided and managed by the NHS directly, visible leadership of social work is harder to achieve. With the Social Work teams operating outside of broader cross Council integrated working, there has been more complexity in ensuring full alignment with Council priorities and in taking the opportunities that cross Council working presents. There may, therefore, be real opportunities for closer working across people services within the Council, as well as with NHS partners at a neighbourhood level.

The Adult Social Care and Public Health Committee have taken policy decisions to move towards providing some services directly as Council operated services within

the Adult Care and Health directorate. Additionally, and in response to the emerging Integrated Care System, the directorate has moved away from being a pure commissioner of services, alongside the previous Wirral NHS Clinical Commissioning Group arrangements, and is taking its place alongside delivery partners across the Borough and the Cheshire and Merseyside Integrated Care System. A provider delivery arm is being re-constituted within the Adult Care and Health directorate. This fits with directly delivering a broader set of functions within the Council rather than outsourcing activities under contract.

#### 3.14 **Learning from complaints**

There is evidence that both service providers have good procedures in place for responding to and learning from compliments and complaints. NHS organisations have well developed arrangements for managing risk and ensuring organisational learning from complaints and incidents. A good relationship exists between the service provider organisations and the Council's complaints management teams. There may be an opportunity to strengthen learning from complaints further in relation to adult social care across the three organisations. However, despite potential complexities in operating complaints processes across three different organisations, the arrangements are clear and well developed.

3.15 In 2019 the Local Government Association supported the Northwest Association of Directors of Adult Social Care (NWADASS) to undertake a peer review of the integrated social care arrangements. The review focus was on the quality of front-line Social Work practice within the context of integration, personalisation and neighbourhood working. At this early stage of the integrated service provision, the Peer Review Team identified early benefits to the integrated model and a level of reduction in duplication, a more joined up service response and staff satisfaction with the arrangements. The review team made recommendations about a more robust way to glean the views of people who have used services, a stronger approach to maintain the profile of the Social Work profession, a more visible role for the Principal Social Worker and to further progress with integrated working arrangements.

3.16 The review undertaken identified that the majority of the peer review recommendations have been acted upon.

3.17 The overall findings of the review is that services are providing value for money and a generally good level of service quality. There are areas of performance and service provision that have not developed to the degree anticipated through the integrated service arrangements. Whilst there is no overall staff view of the benefits of working in an integrated service model in the NHS, many staff engaged with gave a positive view. The Social Work professional identity has been maintained and there has been investment in professional development. There are some positive views from people who have experienced the services provided. However, there are areas of Council priorities that have needed more focus by the service providers to be fully delivered. Overall, whilst services have remained safe and of a good quality the review has not evidenced significant and sustained improvement of service outcomes for people through delivering under the current delegated arrangements.

#### **4.0 FINANCIAL IMPLICATIONS**

There are no additional budgetary requirements as a direct result of this report. The cost of the contract payments are incorporated within the Adult Social Care budget and budget setting process. There are no changes proposed to the arrangements for the adult social care budget itself. If Committee approve the recommended option, financial analysis and modelling will be required to inform on the implications of any proposed future service change.

#### **5.0 LEGAL IMPLICATIONS**

5.1 The Local Authority has a statutory duty as defined by the National Health Act 2006 to meet eligible needs for care and support consistent with the outcome of a Care Act assessment. The duty to assess and provide care and support planning is delegated to CWP and WCHCFT as part of the contractual arrangements and therefore the Council continues to meet its statutory duties.

5.2 Renewal of the Section 75 agreements with CWP and WCHCFT is permissible without a competitive procurement process under Regulation 12(7) of the Public Contracts Regulations 2015 which allows Local Authorities to cooperate with the aim of ensuring public that public services are provided with a view to achieving common objectives in the public interest provided they perform on the open market less than 20% of the activities concerned by the co-operation.

#### **6.0 RESOURCE IMPLICATIONS: STAFFING, ICT AND ASSETS**

There are no current implications for the Council met within existing resources.

#### **7.0 RELEVANT RISKS**

If the contracts were not renewed the Council would have to make alternative arrangements for the delivery of statutory adult social care services.

#### **8.0 ENGAGEMENT/CONSULTATION**

An engagement exercise was carried out with staff. People with lived experience contributed descriptions of interventions and their experience of integrated services and informal feedback was sought from stakeholders.

#### **9.0 EQUALITY IMPLICATIONS**

An Equality Impact Assessment (EIA) has been completed and is located: - <https://www.wirral.gov.uk/communities-and-neighbourhoods/equality-impact-assessments/equality-impact-assessments-january-202-6>.

#### **10.0 ENVIRONMENT AND CLIMATE IMPLICATIONS**

Both Service providers co-locate staff in some of the services. This reduces staff travel and utility costs and has a positive impact on the climate and environment by reducing carbon emissions. Both trusts have their own green action plans which will have a positive impact on the environment and climate.

## 11.0 COMMUNITY WEALTH IMPLICATIONS

The current service offer is delivered within Wirral offering employment opportunities to local people. The services enable local people attain qualifications and job stability.

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### APPENDICES

Appendix 1 Review of Social Care Delivery Arrangements.

### BACKGROUND PAPERS

DHSC Care Act 2014

NHS Wirral Community Health and Care Foundation Trust (WCHCFT) contract for the provision of social care services.

NHS Cheshire and Wirral Partnership Foundation Trust (CWP) contract for the delivery of All Age Disability Services.

Performance Data.

Lived Experience Report.

Healthwatch Report (Staff Engagement).

LGA/NWADASS Peer Review.

WCHCFT lived experience feedback.

CWP lived experience feedback.

### SUBJECT HISTORY (last 3 years)

Council Meeting	Date
Adult Social Care and Public Health Committee	3 <sup>rd</sup> March 2022