

REPORT TO: Executive Board

DATE: 16 June 2016

REPORTING OFFICER: Strategic Director, People & Economy

PORTFOLIO: Health & Wellbeing

SUBJECT: Adult Health and Social Care – Accountable Commissioning System

WARD(S): Borough Wide

1.0 PURPOSE OF REPORT

1.1 The report presents a draft Project Initiation Document (PID) to Executive Board, which outlines a proposal and associated mechanisms of how the further alignment of systems and services across Health and Social Care Services will improve the quality and efficiency of services provided to Adults in Halton.

2.0 RECOMMENDATION: That the Board

- 1) note the contents of the report and associated appendices; and
- 2) approve the draft PID attached at Appendix 2.

3.0 SUPPORTING INFORMATION

Background

3.1 There have been many national changes to health and social care policy over the years, but one significant vision has remained: that is for the closer working of health and social care services. Over time, national policy has been designed to remove barriers between these two areas moving from partnerships, to formal joint working and, in some instances, fully integrated services with pooled funding. Over the last 15 years, legislation has been introduced that gives local organisations more scope to progress joint working. These powers were updated by the NHS Act 2006 which introduced "Health Act Flexibilities" (HAFs), to foster partnerships between health and social care agencies and to bring down the barriers between health and social care. The aim for partners is to join together in designing and delivering services around the needs of users, rather than worrying about the boundaries of their organisations.

3.2 In May 2013, the Government announced it's biggest ever commitment to making co-ordinated health and care a reality and published plans that aim for us working together to put people first (Integrated Care and Support: Our Shared Commitment (2013).

The Health and Social Care Act 2012 brought in the most wide-ranging reforms of the NHS since it was founded in 1948. On 1 April 2013 the main changes set out in the Act

came into force, and most parts of the NHS were affected in some way. One of the duties within the Act is the promotion of integration. In support of the integration agenda, in June 2013's spending review the Government announced the introduction of the Integrated Transformation Fund from 2015/16 (subsequently renamed the Better Care Fund (BCF)) as a catalyst to ensure that the integration agenda is progressed, services improve and value for money is ensured. Recent guidance has clarified that this is to continue.

Local Context

- 3.3 In Halton, Adult Services have a long history of collaboration and integration, and began its journey of joint working/integration back in 2003 with a pooled budget and integrated teams within Intermediate Care Services. Attached at **Appendix 1** are examples of Joint Working/Integration in respect of the Adult Services.

The focus on joint working and pooled resources has developed and strengthened over the years; we now have a pooled budget in excess of £42 million pounds. Both NHS Halton Clinical Commissioning Group (CCG) and the Council are committed to further developing our integrated approach to service delivery and transformation to improve the Health and Well-Being of Halton residents. Although we are working towards operating as a system, there does continue to be barriers to fully realising the benefits of a truly integrated approach, and as a result some of the improved outcomes for users of our services and opportunities to deliver value for money are missed.

- 3.4 The management of the pooled budget has been extremely successful, improving outcomes for individuals in addition to moving from a position of overspend for both organisations to financial balance. It should be noted that HBC and NHS Halton CCG have just entered into a new Joint Working Agreement which runs until 31st March 2019.
- 3.5 There is no single definition for integrated care, and the integration of services can take place in various forms and at different levels. For example, services may be integrated at the level of a local or regional population, for a particular care or age group, or at an individual level, or indeed may involve more than one of these approaches. However there is clear evidence that when it comes to delivering benefits, the integration of clinical teams and services is far more important than the integration of organisations; organisational integration in itself is no guarantee of improved outcomes.

Proposal/Project

- 3.6 However with the introduction of the Better Care Fund from April 2015, which builds upon the Joint Working Agreement and associated pooled budget arrangements introduced in April 2013 between HBC and NHS Halton CCG for the commissioning of services for people with Complex Care needs, both HBC and NHS Halton CCG believe it is an appropriate time to review current arrangements in place in respect of joint working and align organisational structures, leadership and governance arrangements across Adult Social Care and Health, in order to deliver more effectively on the desired outcomes for the residents of Halton.

It should be noted that the approach being taken in Halton supports the national drive towards the concept of 'Accountable Care Organisations' (ACOs). ACOs consist of

providers who are jointly held accountable for improving the quality of care and reducing costs, largely by working together more efficiently.

As the basis for the current Joint Working Agreement, the pooled budget and this proposal/project is primarily concerned with the commissioning of services, as both organisations are working towards the same goals – quality improvement, costs savings and working together more efficiently both HBC and NHS Halton CCG feel that this approach is in line with the concept of ACOs but would refer to Halton’s current direction to that of an ‘Accountable Commissioning System’.

3.7 Attached at **Appendix 2** is a detailed draft PID which outlines the aim of the project, rationale, expected outcomes, process to be undertaken etc.

A Project Board has been established to take forward this Project; called the ‘Integration – Joint Steering Group’. This Project Board is chaired by the Director of Adult Social Services, HBC.

Membership of the Board is as follows:-

- Operational Director, Commissioning & Complex Care, HBC
- Director of Transformation, HBC & NHS Halton CCG
- Chief Nurse, NHS Halton CCG
- Director of Service Delivery, NHS Halton CCG
- Director of Public Health, HBC

The Project Board have met on a number of occasions so far to develop the attached PID and will continue to meet on a monthly basis and report progress through to Chief Officers Management Team – HBC and Executive Management Team – NHS Halton CCG on an ongoing basis.

NB. Once the PID has been agreed, quarterly update reports will be produced for Chief Officers, NHS Halton CCG Governing Body, Executive Board and the Health & Wellbeing Board outlining progress made.

3.8 Commissioning Services for Children and Families will continue to be progressed through the Children and Families Commissioning Partnership Board of the Children’s Trust. This allows partners to focus on jointly identifying how the needs of children and families are met and ensures that positive outcomes for children, young people and families are at the heart of the strategic planning and commissioning process. Recent reviews of support to children and young people with special educational needs and disability have identified opportunities for Adult and Children’s Services to align more closely and work in an integrated way in areas such as transition and equipment.

NB. A report outlining this proposal and associated PID was presented to the Children’s Trust in April 2016 for comment.

3.9 As with Children’s Services above, although the focus of this project is on Adult Services, the Integration – Joint Steering Group will ensure that where there are opportunities for further integration/alignment with Public Health then these will be activity explored. This is supported by the inclusion of the Director of Public Health onto the Integration – Joint Steering Group.

Conclusion

- 3.10 There are increasing challenges for the Health and Social Care economy within Halton to be able to respond effectively to people's needs and provide high quality services within limited and reducing resources. Therefore we need to examine how we can do things differently to not only ensure value for money, but ensure that they are affordable.
- 3.11 The aim of this project is to facilitate the further alignment of systems, to support the existing pooled budget which will not only improve effective and efficient joint working, but more importantly improve the pathways and outcomes for individuals who use our services, thus setting the scene for the future sustainability of meeting the current and future needs of people with complex needs.

It is anticipated that the model developed as part of this project will provide us with the necessary infrastructure and a sound basis to build upon when moving forward on the integration of front line services and the commissioning of services to support community hubs.

- 3.12 In summary this project will achieve:
- A joint market position statement - There is the potential to manage the market more effectively, utilising more robust procurement processes in order to manage/contain the general increase in costs;
 - Ensure value for money contract prices, to ensure quality provision and that adults are appropriately safeguarded;
 - An integrated commissioning plan for Halton Adult Services;
 - Delivering high quality care closer to home;
 - Reduce the need for unnecessary hospital admission and readmission;
 - Ensure the appropriate use of crisis intervention and short term support to promote independence;
 - Promote the use of a range of technologies to support independence and the management of risk;
 - Ensure the proportion of placements in long term residential care are maintained at an appropriate level;
 - Realise placements in Borough with Out of Borough placements being the exception;
 - Improve the quality of care in the community and residential placements;
 - Identify other opportunities for external partnership/integrated working arrangements; and
 - Identify further opportunities to pool additional funding.

4.0 **POLICY IMPLICATIONS**

- 4.1 None identified at this stage.

5.0 **FINANCIAL/RESOURCE IMPLICATIONS**

5.1 At this stage it is difficult to accurately assess what the project will deliver in respect of actual efficiencies however what the project will do is provide us with the opportunity to manage resources as a system more effectively which in turn is anticipated to generate efficiencies.

This can be borne out of the fact that we have moved from a position of overspend for both organisations to financial balance as outlined earlier on in the report.

6.0 **OTHER IMPLICATIONS**

6.1 None identified at this stage.

7.0 **RISK ANALYSIS**

7.1 Any risks associated with the implementation of this project will be managed via the Integration – Joint Steering Group.

7.2 As part of the development of the PID a risk analysis has been completed by the Joint Steering Group and is included within the PID under section 3.6 'Known Risks'.

8.0 **EQUALITY AND DIVERSITY ISSUES**

8.1 None identified at this stage.

9.0 **LIST OF BACKGROUND PAPERS UNDER SECTION 100D OF THE LOCAL GOVERNMENT ACT 1972**

None