

REPORT TO: Health & Wellbeing Board

DATE: 15th January 2020

REPORTING OFFICER: Director of Adult Social Services, Halton Borough Council
Chief Commissioner for Halton, NHS Halton Clinical Commissioning Group

PORTFOLIO: Children, Education and Social Care
Health and Wellbeing

SUBJECT: Halton Borough Council/NHS Halton Clinical Commissioning Group – Partnership Working

WARD(S): Borough-wide

1.0 PURPOSE OF REPORT

- 1.1 To provide an overview to the Board of the current partnership working arrangements between Halton Borough Council (HBC), Adult Social Care and NHS Halton Clinical Commissioning Group (CCG).

2.0 RECOMMENDATION: That the Board note the contents of the report

3.0 SUPPORTING INFORMATION

3.1 Introduction

Halton began its journey of joint working/integration between Health and Adult Social Care back in 2003 with a pooled budget being established for Intermediate Care and Equipment services, in addition to specific grants allocations.

Following the emergence of NHS Halton CCG further work progressed to establish/consolidate joint working arrangements between HBC and NHS Halton CCG, which culminated in the organisations entering into an initial 3 year Joint Working Agreement (hosted by HBC) from April 2013 (Pursuant to Section 75 of the National Health Service Act 2006) for the commissioning of services for people with Complex Care needs.

With the introduction of the Better Care Fund (BCF) during 2015, a revised Joint Work Agreement took effect from April 2015 which included the BCF allocation for 2015/16, along with the Disabled Facility Grant for capital projects.

3.2 Joint Working Agreement (JWA) & Governance Arrangements

This Agreement provides the legal framework in which HBC and NHS Halton

CCG work together in order to achieve their strategic objectives of commissioning and providing cost effective, personalised, quality services to the people of Halton. As part of the Joint Working Agreement, HBC and NHS Halton CCG entered into a Pooled Budget arrangement. This pool currently contains the expenditure on delivering care and support services for adults with complex needs. During 2014, partners within Halton worked collaboratively, within the national guidance and framework to develop Halton's original Better Care Fund (BCF) Plan, at which point it was agreed that the BCF would be incorporated into the existing Pooled Budget arrangements.

There is a robust governance framework in place for the JWA and Pooled Budget, which includes the:-

- *Executive Partnership Board (EPB)* – whose overall aim is to ensure that an integrated system is developed and appropriately managed to ensure that the resources available to both Health and Social Care, including the BCF, are effectively used in the commissioning of delivery of personalised, responsive and holistic care to those who are most in need within our community.

The EPB regularly provides reports on relevant issues to the Health and Wellbeing Board.

- *Operational Commissioning Committee (OCC)* – whose key responsibilities include:-
 - Developing and making recommendations to the EPB on the strategic, commissioning and operational direction of the Services in Halton; and
 - Being responsible for oversight of the management, monitoring and use of the Pooled Fund by the Pool Manager.

3.3 Examples of Joint Working Arrangements

3.3.1 Responding to System Challenges – We have been able to effectively respond to challenges within the system, such working with colleagues in both Acute Trusts on a daily basis to work through issues with the aim of discharging patients as soon as possible, to support flow through the system. NB. Since December 2018 we have achieved the national Delayed Transfers of Care (DTOC) monthly target set for Halton.

Another example of this is in relation to Halton's Intermediate Care services, which is jointly commissioned. We didn't feel that the intermediate care services were being used to the potential they could be and as such, with the support of the Local Government Association and North West Association of Directors of Adult Social Services, a review of Intermediate Care Services is currently being undertaken. The purpose of which is to develop a clear understanding of the current intermediate care offer for adults in Halton. This includes reviewing the pathways into and out of Intermediate Care and Reablement support services, in order to assess how effectively they meet

and support the needs of our adult population. This will ultimately lead to better outcomes for our Service Users.

3.3.2 Better Care Fund Plan – Extensive work has taken place to review the BCF Plan including the Plan's associated schemes to determine which were most appropriate for inclusion, ensuring that the plan was fit for purpose in being able to have a positive impact on the four national metrics set by NHS England, including non-elective admissions and delayed transfers of care. This has involved discussions between Executive and Finance leads from both organisations. As mentioned in 3.3.1 above Halton continue to meet DTOC targets, we continue to be at the lower end for rates of admission into long term residential and nursing placements across the north west and through strengthening both the multi-disciplinary aspect of reablement and providing an increase in capacity this has positively affected the proportion of older people (65 and over) who are still at home 91 days after discharge from hospital into reablement/rehabilitation services.

3.3.3 Post Diagnosis Dementia Pathway – The provision of post diagnosis dementia community support has a direct impact on the health and wellbeing outcomes of people with a dementia diagnosis, their families and carers through providing information, advice and practical support and connecting them to appropriate voluntary, community, health and social care services at the right time. As such HBC and NHS Halton CCG have worked together to modify the current specification in place with the Alzheimer's Society which has resulted in a saving (6% saving per annum on the current annual contract value) and provided a refocusing of activity to concentrate on the specialist 1:1 Dementia Advisor Support Service that they already deliver, and where demand for the service currently lies.

3.3.4 Value for Money – We are working effectively across both organisations to review high cost packages of care, to ensure that we are not only receiving value for money but also that the packages of care being delivered are effectively meeting the outcomes required by our Service Users.

3.3.5 Continuing Health Care - As a system, we have a number of individuals who have disputed Continuing Health Care eligibility and as such we are working together to agree a dispute policy to ensure that this approach is managed jointly with full engagement and consultation between both organisations. In addition to this we are working collaboratively on a revised Section 117 policy, which will provide an enhanced framework for the management of 117 cases as a partnership.

Attached at *Appendix 1* are details of a couple of cases where there has been clear benefits of working in partnership/collaboratively which has impacted positively in terms of outcomes for individuals and at the same time as achieving cost savings.

3.4 **Benefits of Joint Working**

By working together collaboratively and in partnership we are able to achieve

and sustain good health and wellbeing for the people of Halton and are able to provide a range of options to support people in their lives by jointly designing and delivering services around the needs of local people rather than focusing on the boundaries of our individual organisations. This aids in our ability to ensure that services are sustainable, particularly with the continued challenges that we are presented with.

If we didn't undertake this approach then it has the potential to have a negative impact on the Health & Social Care system within the Borough, for example:-

- A lack of cohesive approach could lead to fragmentation of service delivery and lack of ownership.
- No clear picture of the demand and capacity on services shared by system leaders, which could lead to our inability to develop robust plans for the future service needs of local people.
- Lack of choice/information for service users and possible duplication of provision.

This would have the potential to ultimately lead to a lack of confidence in the system and our inability to deliver high quality services in order to ensure that service users receive the outcomes that they want.

3.5 Future Opportunities

Working jointly/collaboratively is key to our approach in Halton.

We will continue to work together to redesign health and social care services as we appreciate that by working together this will make the biggest impact on our residents.

This includes ensuring that we work more closely with providers. The One Halton Place based approach supports this and as such we will be taking the opportunity to review our current governance structures associated with the joint working arrangements between HBC, NHS Halton CCG and providers to ensure that they can continue to our joint vision i.e. Working better together to improve the health and wellbeing of the people of Halton, so they live longer, healthier and happier lives.

4.0 POLICY IMPLICATIONS

4.1 None identified.

5.0 OTHER/FINANCIAL IMPLICATIONS

5.1 Although the JWA was working well, and pressures within pooled budget were managed effectively as a system, during the past two years considerable pressures have been placed onto the pool. In the main this was in relation to an overspend position on Continuing Health Care (CHC).

As such both organisations have agreed to separate out the CHC and

community care budget elements, from the pooled budget arrangements.

5.2 Each organisation will be responsible for delivering their own duties against these areas of work and we are currently working together as a system to make a number of changes to the current ways of working, including transfer of care management responsibilities, contract management, performance management, IT documentation and budget responsibilities.

5.3 The revised pooled budget will include:

- Better Care Fund
- Improved Better Care Fund
- Disabled Facility Grant
- Winter pressure funding (LA/CCG)
- Equipment services
- Intermediate Care Services
- LA/CCG joint funded packages
- Section 117 joint funded packages
- Funded Nursing Care

And the aim is to implement a revised JWA from 1st April 2019 to reflect the new arrangements, to ensure we continue to work jointly/collaboratively on the challenges that face the health and social care system within Halton.

6.0 **IMPLICATIONS FOR THE COUNCIL'S PRIORITIES**

6.1 **Children & Young People in Halton**

None identified.

6.2 **Employment, Learning & Skills in Halton**

None identified.

6.3 **A Healthy Halton**

This report is associated with this priority.

6.4 **A Safer Halton**

None identified.

6.5 **Halton's Urban Renewal**

None identified.

7.0 **RISK ANALYSIS**

7.1 None associated with this report.

8.0 **EQUALITY AND DIVERSITY ISSUES**

8.1 None associated with this report.

9.0 **LIST OF BACKGROUND PAPERS UNDER SECTION 100D OF THE**

LOCAL GOVERNMENT ACT 1972

| 9.1 | Document | Place of Inspection | Contact Officer |
|-----|--|----------------------|--|
| | Joint Working Agreement – HBC & NHS Halton CCG | Available on request | Sue Wallace Bonner Susan.Wallace-Bonner@halton.gov.uk |

Appendix 1



Appendix 1.doc