

Social Care and Health Overview and Scrutiny

11 April 2019

Walsall Together Alliance: Integration of Health and Care

Portfolios: Councillor Rose Martin – Adult Social Care

Councillor Tim Wilson - Health

1. Executive Summary

- 1.1. In March 2018, Cabinet agreed the Case for Change for the Walsall Together approach, which outlined the renewed vision for improved health and care and stated the commitment to designing the preferred model for delivering integrated health and care in Walsall by early 2018/19.
- 1.2. Cabinet members, Social Care and Health Overview and Scrutiny Committee and Health and Wellbeing Board have received reports in the past on the work programme of the Walsall Together Board.

2. Reason for Scrutiny

- 2.1 This report updates the Committee that:
 - The Business Case for Walsall Together was approved by Cabinet on 13th February 2019.
 - That Walsall Healthcare Trust will act as the 'Host' to lead the integration contractually.
 - Future service charges will be devised and brought before Cabinet for consideration.

3. Recommendations

That the Committee note the progress being made to deliver integrated health and Care in Walsall.

4. The Reasons to Integrate Health and Care

- 4.1. Walsall Council's aspirations of working closer together will enable:
 - The offer of a population, place based health and care system, that is person focused and based on the known needs of the population;
 - The blend of different approaches of primary, secondary, community health and separate care; to one that is demand led, joint and centred on how best to respond to demand within the resources available;
 - The Council to operate within the resources we have to improve the quality of care and support we offer across the whole health and care system;

- Clarity about the expectations and entitlements of access to care and support for our population;
 - Empowerment of our practitioners, patients and clinicians to be the key decision makers in the design of new arrangements;
 - Development of a system where prevention, early help and self-care are key, because people are well advised, confident and knowledgeable about their own health and wellbeing;
 - Professionals in the health and care system to be connected, share responsibility and accountability for the health of the population;
 - Care and support that is high quality, cost effective and the best value for money;
 - Decisions about health and wellbeing that are evidence based and underpinned by good practice and knowledgeable staff;
 - The Council can organise some of our responses to achieve the above and much more. For example, social work teams which work on a locality basis alongside GP's, voluntary sector, community and mental health staff.
- 4.2. Service quality and the experiences of citizens need to rise. These are already measured by Regulators (for example care home ratings) and data collated by each organisation but there is a requirement to join this data up and understand how a citizen may enjoy a good response from all services not just individual teams/services.
- 4.3. Finally, there are ambitious plans for financial sustainability. WHT as the host will be fully supported by all our financial leads to ensure we are making decisions that demonstrate value for money for all organisations in the best interests of the citizen, as opposed to decisions in isolation as now. Further development will be needed to model the assurance of the delivery between the Council and the Host, and this would be included within the s75 agreement.

5. Strengths

- 5.1 The main aims of the Walsall Together health and care system partners are to develop new integrated ways of working to improve the health and wellbeing outcomes of the population, increase the quality of care provided and provide long-term financial sustainability for the system.
- 5.2. The model: an operating model has been developed with managers, practitioners and clinicians taking the best examples from around the world to inform our thinking. In summary, this includes a single point of access where the whole population's health is understood and the best and most effective responses are directed to them in a coordinated manner.

Resilient communities; building the capacity and understanding of what communities can do together, and for each other to keep people healthy, engaged and active. Integrated primary, long-term management and community services, where local access to support is coordinated around that community and health centres.

Specialist community outpatient and diagnostic services that are available in local health and wellbeing hubs. Intermediate and social care and unplanned care services, which step in during a crisis and prevent unnecessary access to A&E

and hospital. Acute hospital services, most of which are local and some others, which are designed on a larger footprint due to their lower volumes/increased specialisms.

- 5.3. Financial Case: At present, without both efficiency savings and meaningful service change the baseline position of all these organisations show a financial gap of £174m by 2022/23. Based on the current planned efficiency savings the gap would reduce to £61m, but this is based on all plans being delivered and no other (unforeseeable) factors coming into play.

Without sustainable system wide transformation for the delivery of care, the system continues to operate in an ever-increasing deficit position for the near future. It is also known that we can use our resources better, and citizens want improved coordination and access.

The business case therefore models the activity shifts that are needed to move towards suitable financial balance. For example, an increase in access to primary, social and mental health care; and a corresponding decrease in hospital based activity. New investment in the NHS plan supports this direction of travel.

- 5.4 Governance: aims to establish an Integrated Care Partnership Board, which will be responsible for the delivery of the business plan and for achieving improvements in wellbeing and health outcomes. This is the first time such a board will have existed in Walsall, which will be able to make commissioning and service delivery recommendations in an aligned and inter-connected way.
- 5.5 The Host: the partner organisations have participated in an evaluation against established criteria to determine the best fit for the “Host” organisation to take the contractual lead for the outcome improvements sought. Walsall Healthcare Trust was evaluated as the best contender to be the host and that is recommended within the business case.

This ICP Board has senior representatives from each constituent member and will be oversee the services, which are contractually in scope and for wider system integration and transformation.

The Council’s representatives are; Executive Director of Adult Social Care; Executive Director of Children’s Services; Director of Public Health.

- 5.6. Contractual Arrangements: these are largely concerned with the NHS. WHT will hold two contracts with the CCG: one for “in scope” services and one for “out of scope services”. During 2019/20, an “Alliance” contract will be drafted which will provide for integrated contract management of all “in scope “services under the ICP Board.

The other organisations in effect “sub-contract” with WHT. For the Council, this means developing a s75 NHS Act contract during 2019/20 which defines how the statutory duties will be executed under the contract, how the staff will be managed, and financial and performance accountability be achieved. The first component of the Council to design this s75 will be Adult Social Care, with Public Health and Children’s following in later years.

- 5.7. Senior Management Team: In order to oversee a transformation of this scale, there will be various existing roles that will start to work as a virtual senior team. WHT will appoint to a Walsall Together Director role who will be responsible for delivering the transformation plans and deepening of the integrated relationships between teams and services. For Adult Social Care, the Head of Community Care and Partnerships will operate within that senior team but retain all accountability for statutory delivery, performance, staff and finances to the Director of Adult Social Care.

6. Key Success Measures

- 6.1. Success: will be measured success in the new Outcomes Framework which has been developed by the CCG and Council to measure the quality of life improvements that for the whole population. Each of these have detailed performance indicators, and will be tracked on a regular basis.

7. Financial implications

- 7.1 There are no financial implications directly arising from this report, any financial commitments are subject to a separate cabinet report and S75 agreement. Financial information has been provided to the group to support the modelling carried out to date and currently articulated in the business case and its 'do nothing' scenario. Regarding next steps, for the 'do nothing' scenarios, financial information will need to be updated to take account of the Councils approved Medium Term Financial Outlook (post February 2019) as well as the final 2018/19 outturn position (post April 2019).

8. Legal implications

- 8.1 There will be a number of legal advice requirements during 2019/20 to produce the s75 NHS Act agreement.
- i) The Host will commission legal advice to develop the collaborative position on the host and sub contractual arrangements.
 - ii) The Council will require individual legal advice to be fully informed about the contracts and the implications.

9. Risk management

- 9.1 There are multiple risks in a change of this scale and size. There is a requirement initially to create executive leadership team to drive the plan forward.
- 9.2 This will be supported by a Programme Management Team and a cross-sector transformation plan, underpinned by new governance arrangements.
- 9.3 Resources are needed to create a pooled fund to resource these teams (Executive and PMO) to deliver the arrangements and the Full Business Case (FBC) aims. To date these are modelled and have been funded by Adult Social Care for the Council.
- 9.4 The PMO will devise and run a full risk register to monitor and oversee the risks outlined.

10. Council Corporate Plan priorities

10.1 The integration of health and social care delivery is in line with the following Council corporate priorities:

- People: have increased independence, improved health and can positively contribute to their communities.
- Communities: are prospering and resilient with all housing needs met in safe and healthy places that build a strong sense of belonging and cohesion.

11. Citizen Impact

11.1 The main aim of this arrangement is to enhance the health and wellbeing of Walsall people. This is based on the partners moving to a population based management style whereby they are collectively responsible for enhancing the health and wellbeing of local residents.

12. Reducing inequalities

11.1 The main purpose of this 'Host Provider' is to reduce the health and life opportunity inequalities of Walsall residents.

11.2 Comprehensive Equality Impact Assessments will be produced at each stage of proposed service changes to inform the impact of this development; and be further informed by the public engagement and consultation phase.

13. Consultation

13.1 The next steps identify a full citizen consultation on the plan and the Programme Office will oversee the delivery of that.

13.2 Staff (as and when clarified) will be engaged and enabled to support the improvements planned.

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