Tri-Borough Executive Decision Report

Decision maker(s) at each authority and date of Cabinet meeting, Cabinet Member meeting or (in the case of individual Cabinet Member decisions) the earliest date the decision will be taken	Full Cabinet Date of decision: 12 November 2012	hammersmith & fulham
	Full Cabinet Date of decision: 15 November 2012 Forward Plan reference: 03828/12/K/A	THE ROYAL BOROUGH OF KENSINGTON AND CHELSEA
	Full Cabinet Date of decision: 12 November 2012 Forward Plan reference: *[insert]*	City of Westminster
Report title (decision subject)	**ESTABLISHING TRI-BOROUGH INTEGRATED HEALTH AND SOCIAL CARE COMMUNITY SERVICES – UPDATE AND NEXT STEPS**	
Reporting officer	Andrew Webster, Tri-Borough Executive Director, Adult Social Care and Zena Deayton, Tri-Borough Operations Director, Adult Social Care	
Key decision	Yes	
Access to information classification	Public	
Cabinet Member or senior officer sign-off details	The authority of the relevant Cabinet Member at each authority has been obtained to the publication of this report	

1. EXECUTIVE SUMMARY

1.1 Health and Social Care face the combined challenge of a sustained reduction in resources and, due to demographic change, a projected increase in demand for services, both in terms of the numbers of people seeking help and their level of need.

1.2 Recently, the government set out its vision for reformed health and social care in the White Paper, “Caring for our future: reforming care and support”, and demonstrated continued commitment to integrated health and social care – care that is co-ordinated, continuous and person-centred.

1.3 This is in accord with local ambitions, the vision of the Clinical Commissioning Groups, the Adult Social Care Mandates for the three boroughs, and the strategy for NHS services in North West London *Shaping a healthier future,* currently out for consultation. This realigns NHS resources, reducing hospital activity, and proposes that networks of GP practices will work with other health and social care providers to deliver co-ordinated services to the local community, improving care planning and local services and information and communication standards.

1.4 Adult Social Care in the three boroughs has a long-established track record of effective integrated care, out of hospitals, for people with learning disabilities and long-term mental health problems, as well as excellent projects to enable people to get home from acute hospitals when they are well enough. It is now proposed to integrate mainstream health and social care for those people who make greatest use of both systems and require continuing care and case management for complex needs.

1.5 To enable the design of a local system that is effective and sustainable and which commands support from all the contributing services – primary care, community health, secondary care, social care, patients and the public – four linked programmes of work are being pursued:

- Each borough and Clinical Commissioning Group (CCG) is taking forward an ‘out of hospital strategy’ to deliver better support at home, at lower costs, and achieve a reduction in demand on hospitals;

- Adult Social Care is working with NW London NHS to look at how our existing successful approaches to integration through Integrated Care Pathways could be scaled up to a ‘whole system’ approach;

- The ‘Community Budget’ project will bring together health and social care spending for people at risk of needing high levels of care, and develop new delivery models, governance and financial arrangements; and,

- Adult Social Care plans to work with GPs and Central London Community Healthcare to build integrated local delivery of health and social care through GP networks working in partnership with assessment and care management and community health services.

1.6 In June 2011, Tri-Borough Cabinets agreed to take forward negotiations with Central London Community Healthcare, as an equal partner, to establish borough-specific, integrated health and social care services both for assessment and long term support for older people, people with physical disabilities and people with learning disabilities.

1.7 The desired outcomes are to benefit residents through a seamless service, and to achieve cost reductions through providing integrated points of access, through reducing service duplication and through reducing demand as well as the intensity and length of expensive care. Service users, particularly those with long-term conditions, will receive a single assessment and have all their health and social care co-ordinated by a single individual.

1.8 This is in accord with the key principles of the Councils’ Mandates for Adult Social Care, which include to improve people’s experience of health and social care, to promote recovery and enable independence, to maximise self-reliance and personal responsibility, and promote greater productivity and value for money.

1.9 Other objectives include improving the capacity of community services in order to prevent hospital admissions and reduce delayed discharges, and to keep people at home rather than in nursing or residential accommodation, releasing significant savings.

1.10 This report sets out the progress made to date with the planned transformation of health and social care community services across Tri-Borough and seeks approval to establish a joint Director who will lead an integrated senior

management team with Central London Community Healthcare and establish integrated locality services based around primary care services (GP networks).

2. RECOMMENDATIONS

2.1 That the Cabinets agree to establish a Director for Health and Social Care, Adults with CLCH, who would manage **both** community health and social care services, replacing the existing Director of Operations post in the Tri Borough Adult Social Care management team.

2.2 That the Cabinets delegate authority to the Tri-Borough Executive Director for Adult Social Care to draft and implement the further detailed management structure below the proposed Director for Health and Social Care, Adults.

2.3 That where this results in the displacement of staff, every effort will be made to assimilate, redeploy or find suitable alternative employment for the post holders affected by this reorganisation. Where it is not possible to redeploy individuals, that they will be declared redundant with effect from a date to be agreed between the Executive Director of Adults Social Care and the Director of Human Resources, and paid benefits in accordance with the relevant Council's Policy on Payment of Redundancy Compensation.

3. REASONS FOR DECISION

3.1 Establishing borough-specific, integrated, locality-based health and social care services will benefit residents through creating a seamless service that will provide them with care that is co-ordinated, continuous and person-centred while producing cost reductions through reducing service duplication and reducing demand as well as the intensity and length of expensive care. The first step to establish this service is to create the senior management structure that will take forward the tasks of building integrated front-line services around GP networks.

4. BACKGROUND, INCLUDING POLICY CONTEXT, AND ANALYSIS OF OPTIONS

National Imperatives

4.1 Greater integration of the delivery of social care and health services has for years been considered essential by patient groups, leaders and practitioners in both local government and the NHS.

4.2 The consequences of the fragmentation and inefficiency in service delivery include:

- Multiple and confusing points of access for individuals and their families
- Demarcation lines between different professional groups and care organisations which lead to multiple care assessments and overlapping care plans
- No single organisation responsible for care co-ordination, leading to fragmentation of care delivery, no single care plan and sometimes failure to deliver seamless care
- Confusion about the relationship between social care and NHS funding arrangements and eligibility among individuals and their families
- Increased costs for social care and/or health providers when individuals are unable to maintain their independence as they could have done with better coordinated care

4.3 However, while some councils and some health organisations have successfully created some joint teams, with few exceptions little real progress has been made to deliver properly co-ordinated social care and health services to vulnerable residents to give them the best possible chance of staying out of hospital, residential or nursing care altogether, of being discharged from hospital to continuing independence at home rather than to residential care or, where people wish to, of dying at home.

4.4 The **Health and Social Care Act 2012** set out clear obligations for the health system, and its relationship with care and support, to improve the quality of services and people's experience of them. Integration across the NHS, public health and social care is recognised as a key means to achieving this with integrated services person-centred, improving outcomes, and reducing health inequalities.

4.5 Under the Act, the NHS Commissioning Board, Clinical Commissioning Groups, Monitor, and Health and Wellbeing boards (which will be statutory from April 2013) all have duties to promote and enable integration. In addition, the changes made to public health will help to ensure a joined up approach to tackling health inequalities and improving the health and wellbeing of the whole population.

4.6 Recent reports by the **Future Forum, The King's Fund and Nuffield Trust**, the Health Select Committee and a Joint Statement by the Association of the Directors of Social Services (ADSS) and the NHS Confederation[1] promote integration and the need to shift resources and focus towards prevention and early intervention and to enable better self management of care in order to improve reablement and recovery outcomes.

4.7 The **White Paper "Caring for our future: reforming care and support"**, for the first time sets out in one place this Government's commitment to actively supporting better joint working and integrated care to improve outcomes, user experience and value for money.

4.8 The three rewards on offer, which closer integrated working and care can bring for commissioners and providers, individual users of health and social care and Government overall, are described as:

- better health outcomes and experiences for people, especially older people and those with long-term conditions
- better care for patients, users, carers and families
- better value for money, efficient use of resources and increased productivity, leading to delivery of NHS Quality, Innovation, Productivity and Prevention (QIPP) and local government finance pressures.

4.9 The draft **Care and Support Bill** sets the legal framework for care and support, to support the vision of the White Paper and will set a duty for local authorities to promote the integration of services and will provide for further duties of co-operation for local partners. Each local authority in England will be required to make sure its own adults, children and housing departments work together, and to integrate services with health and health-related services locally.

4.10 An extra £300m of transition funding will be distributed to Councils from the NHS budget via the NHS Commissioning Board. Health and Wellbeing Boards will

[1] Integrated care – making it happen: A Joint Statement between the Association of Directors of Adult Social Services and the NHS Confederation January 2012

determine how the investment is best used. The funding will also cover the costs to local authorities of the reforms in the White Paper. Further details about this funding are awaited.

4.11 Subject to the evaluation of personal health budgets, the government intends to make it straightforward for people to combine these with personal social care budgets.

4.12 The government wants to improve care coordination so that people are assisted to navigate the care system so this becomes standard practice across hospital, community health and social care with universal care plans and named coordinators.

4.13 Later this year the government will publish a framework to support removing barriers to integrated care, including proposals for measuring peoples' experience, sharing tools and innovation and developing coordinated care models for older people. There will be a focus on better integration at key transition points such as hospital discharge, in residential care and palliative care.

The local vision

4.14 Adult Social Care in the three boroughs has a long-established track record of effective integrated care, out of hospitals, for people with learning disabilities and long-term mental health problems, as well as excellent projects to enable people to get home from acute hospitals when they are well enough. The priority now is to integrate mainstream health and social care for those people who make greatest use of both systems and require continuing care and case management for complex needs.

4.15 Against the national background, and with consideration of the case for change and the benefits to be gained for residents, Tri-Borough Cabinets in summer 2011 agreed the following recommendations as part of the tri-borough proposals for Adult Social Care:

- To agree to negotiations with Central London Community Healthcare to establish integrated health and social care services both for assessment and long term support. These services are to be borough specific where appropriate and tailored to local needs and include gate keeping mechanisms to ensure effective financial and quality control.

- To agree the development of a legal agreement with Central London Community Healthcare ensuring service standards and accountability are clear.
- To agree to the establishment of a single Operational Assistant Director across three boroughs reporting to the Chief Executive of Central London Community Healthcare and the Director of Adults Social Services.

4.16 Boroughs expected this transformation to deliver savings of £4m by 2014/15, while meeting residents' aspirations for quality seamless services. Savings were to be delivered by combining services to put in place a single integrated provider organisation combining adult social care and community health services, thus providing the opportunity to reduce management and staffing costs and reducing service duplication and reducing demand as well as the intensity and length of expensive care.

4.17 Designing and operationalising integrated out of hospital care is now a key priority in the Tri-Borough Adult Social Care Business Plan for 2012/13, and is in accord with the priorities of the three Adult Social Care mandates to improve people's experience of health and social care while achieving greater productivity and value for money.

Business Plan Priorities 2012/13

	Our priorities for 2012/13		
	Personalised Services	**Integrated Delivery**	**Better for Less**
Information and Advice	Intuitive information Self service	111 service Care navigators	Self management
Personal care management	Outcomes based plans Direct payments	Shared assessment Single record	Right first time User feedback and review
Reablement and Recovery	Measure change 100% coverage	Combined risk management	Targeted outreach instead of hospital admissions
Care closer to home	Wide range and quality of services in your home	Health and social care co-ordinators and workers	Framework contracts for home based care
The right special care	Linked extra care housing, residential and nursing homes	Health and social care in one package	Shorter hospital stays and less residential care
Good end of life	Gold standard in all settings for all	Integrated health and care at home	Shared funding

	conditions		
	Single business plan	**Shared leadership**	**Community budget**

The integration programme

4.18 To enable us to design a local system that is effective and sustainable and which commands support from all the contributing services – primary care, community health, secondary care, social care, patients and the public – we are pursuing four linked programmes of work:

4.19 Firstly, each borough and Clinical Commissioning Group (CCG) is taking forward an ‘out of hospital strategy’. These have been reported to the new Health and Well Being Boards and signed off by the CCG boards, and are a critical part of delivering better support at home, at lower costs, to achieve the change in activity that underpins the hospital reconfiguration plan currently being consulted on by North West London NHS. Delivering out of hospital services is a foundation stone for the future and Adult Social Care will work closely with each CCG to implement their strategy.

4.20 NW London NHS and the three boroughs have commissioned work to look at how the existing successful approaches to integration could be scaled up to ‘whole system’ scale. The aim is to derive a clear understanding of how to deliver integrated health and social care across three boroughs, underpinned by data and analysis, and unique in England.

4.21 The ‘Community Budget’ project brings together all the budgets for health and social care across the three boroughs and looks to achieve better outcomes from operating more flexibly at a local level, free from existing national rules and constraints. The desired outcome is to develop a clear case for devolving more responsibility to local level and changing national rules such as the current tariff regime and information governance arrangements, with ministerial action to implement changes.

4.22 And lastly, Adult Social Care proposes to work with GPs and Central London Community Healthcare to develop local delivery of health and social care through GP networks working in partnership with assessment and care management and community health services.

4.23 While the timing of this proposal reflects in some part the financial pressures now facing the councils and the NHS, it reflects in much greater part the opportunity afforded us by the national changes in the healthcare landscape to determine with current and new partners (in particular our Clinical Commissioning Groups) the future shape and quality of the care delivered to some of our most vulnerable residents.

4.24 For the three Councils, working with our Clinical Commissioning Groups to commission together innovative, seamless services, easily accessed by those who need them, is absolutely critical. Each Council will need to engage with its respective Clinical Commissioning Group, to agree a joint approach to commissioning integrated out of hospital health and care services that reflects local needs and priorities.

4.25 Across the tri-borough, the three CCGs have developed Out of Hospital strategies which collectively aim to reduce unplanned hospital admissions by about 15,000 per year, with a consequent reduction of over 50,000 acute hospital bed days per year by 2014/15 (£60M gross saving pa to the NHS). Some of these acute hospital bed days will require replacement by social care funded services including domiciliary care.

4.26 The CCG strategies explicitly recognise that full integration of health and social care is fundamental to improving care in the community so that demand for hospital care is reduced. As about 60% of care home admissions directly follow emergency hospital admissions, there is an opportunity to reduce demand for expensive residential social care services through a joint approach to early intervention with "at risk" residents. Joined up, proactive health and care services are also preferred by our clients, and there is good evidence that they significantly improve health and well-being outcomes. We want to avoid people feeling bounced around the system, having to tell their story several different times and experiencing unnecessary delays.

4.27 As well as managing demand, savings opportunities also arise from integrating social care and health through the IT, back office, and out of hours functions associated with referrals, screening, triage, assessment and scheduling. Disparate IT solutions mean multiple entries of the same data and lack of information sharing between partners.

4.28 Integrated care therefore represents both an opportunity and a risk to Adult Social Care since it will change patterns of demand and the balance of spending

between NHS and Council services. Integrated out of hospital services will need to be carefully designed to drive out inefficiencies and lower costs, and the tri-borough partners will need to be active players in this transformation to ensure good outcomes and to achieve the savings targets. The successful joint integration work in learning disabilities and intermediate care offers important lessons for the future.

4.29 The four partners, Westminster City Council, London Borough of Hammersmith and Fulham, Royal Borough of Kensington and Chelsea and Central London Community Healthcare, are all taking this paper to their respective Cabinet/Board meetings in November 2012 with the intention that all four organisations can then engage our staff, key partners, patient groups, carers and others fully in the development of the new model. Key to this engagement will be a staff consultation on the refined structure needed to deliver the changes proposed.

4.30 The CCG Boards will also need to debate these proposals to ensure that they are in line with their local expectations and while they do not commission Adult Social Care, they are critical to the successful implementation of these plans.

Progress to date

4.31 Good progress has been made in two of the three recommendations agreed by Cabinets in June 2011.

4.32 Firstly, establishment of a single Operational Assistant Director across three boroughs reporting to the Chief Executive of Central London Community Healthcare and the Director of Adults Social Services. This post, designated as **Tri-Borough Operational Director, Adult Social Care**, was established and filled from April 2012.

4.33 The second recommendation agreed by Cabinets was to commence negotiations with Central London Community Healthcare to **establish integrated health and social care services both for assessment and long term support**. These services are to be borough specific where appropriate and tailored to local needs and include gate keeping mechanisms to ensure effective financial and quality control.

4.34 The Operational Director has been well-placed to take forward conversations with CLCH about the direction and model of the transformation required to integrate the service areas and to agree key milestones.

4.35 The transformation of **Learning Disabilities Services** across Tri-Borough and CLCH is leading the way for service integration and is on target to achieve a single management line, a fully integrated service (health and social care), and a social model of support and intervention encompassing choice, control and personalisation by April 2013.

4.36 At the heart of this model is the case management approach across health and social care which focuses on assessment, planning, integrated advice and intervention, with an option of external or internal review and evaluation or a combination of both.

4.37 Professional lead roles across the tri borough service have been developed to support the management to drive and facilitate the change process over the period of transformation and beyond and to provide support for the professional groups in the new service.

4.38 A new post, **Service Manager – Tri-Borough Learning Disability Partnership** has already been created and filled on an interim basis to establish and lead the new service. Recruitment to the Professional Lead posts will be conducted in October. Where appropriate, resources will be shared across boroughs to maximise skills-mix and economies of scale, but the three boroughs will retain services and teams based in three localities to meet local needs. Next steps include plans for specialist services such as placements, autism and transition to be provided on a Tri-Borough basis.

4.39 For other adult social care services, a transformation programme has been established across the Tri-Borough authorities and CLCH to develop proposals for service integration. The Programme reports to a Board jointly chaired by the CLCH Chief Operating Officer and the Tri-Borough Operational Director, Adult Social Care.

Transformation programme

4.40 Full integration of social care with health services is envisaged over the next three years across the tri-borough authorities. The three key areas of service development and integration are:

- **Front door:** integrated points of access, referral management, screening, integrated triage and response dispatch/follow up systems, including out of hours coverage; ensuring that no door is the wrong door across health and social care, and a timely and proportionate response is made to presenting needs.
- **Short term interventions:** joint rapid response, intermediate care, supported early hospital discharge; integrated reablement, rehabilitation, and hospital at home provision; named health and care coordinators will ensure that services are seamless.
- **Long term interventions:** integrated assessment, care planning and case management; joint approaches to long term care at home which integrate health and social care delivery; integrated locality-based health and social care teams, aligned to CCGs and GP networks; better support for service users at key transitions.

4.42 The following principles for integrating health and social care across Tri-Borough have been agreed:

- Services will be jointly managed unless there is an overriding case otherwise
- Savings will be acknowledged and identified for all agencies:
  - 12/13 savings accrue to the relevant organisation
  - 13/14 savings from reduction in demand are the priority. There are already savings within the tri-borough plans and any further savings will be agreed through a formula for allocation
- The majority of services will be delivered within Boroughs or Localities
- Integrated Older People's Mental Health services will be retained with the mental health trusts
- Professional groupings are not to be a boundary while professional and clinical leadership will be acknowledged
- We need the Right People in the Right Place and will plan the workforce accordingly
- Children's services, Offender Health, and Barnet services provided by CLCH are out of scope

INTEGRATION WORKSTREAMS

Service Development	Corporate	Smarter Working
• Borough-based integrated Access Points • Integrated Referral Centre • Locality working • Integrated Complex Care Pathway • Pathways • Generic Health & Social Care Co-Ordinators • Skill Mix & Productivity	• Engagement and Communications • Human Resources, Workforce and Organisation Development • Information Managemnet & Technology • Business Intelligence • Information Governance	• Mobile Working • Virtual Consultation & Meetings • Paperless/Paperlight • Options appraisal for an Integrated Care Record Tool • Estates Review/Redesign • Transformational Change Leadership

4.43 The Programme has three work streams defined, Service Development, Smarter Working, and Corporate. The key milestones are included in Appendix 4. Progress has been made in developing joint performance indicators across the partnership in order to track the effectiveness of the transformation in managing demand and improving patient experience. A shared quality assurance framework is being created to track the improved outcomes required.

4.44 The third recommendation agreed by Cabinets was to develop a **legal agreement** with Central London Community Healthcare ensuring service standards and accountability are clear.

4.45 This means in the first instance entering into a contractual partnership agreement with CLCH[2] around line management (but not employment) of borough assessment and care management staff[3]. As for all service delivery contracts, the partnership agreement would set out borough expectations around quantum, type and quality of services. This will be tailored to each boroughs priorities and budget envelope.

[2] For example, under s75 of the National Health Services Act 2006, as successfully used to deliver combined Mental Health services

[3] Learning disabilities services are already jointly delivered with CLCH. The plan here is to bring together the three community teams across the three boroughs into a single management arrangement in CLCH

4.46 The Chief Executive of CLCH would be held jointly accountable for service delivery with the Tri-Borough Executive Director of Adult Social Care. One Director Health and Social Care, Adults (the proposed Job Description is included in Appendix 3) would manage all adult social care operational services and the relevant community health services (nurses, therapists, psychologists etc) across the three boroughs with three heads of service reporting to them responsible for individual borough services.

4.47 In addition to regular performance monitoring reports to the Tri-Borough Executive Director of Adult Social Care, there would be a Governance Board to oversee the performance of the partnership. This would consist of the three Cabinet Members together with non-executive directors of the health partner; the Tri-Borough Executive Director of Adult Social Care and the Chief Executive of the health partner. Boroughs hope to have this arrangement in place by April 2013. Members would sign off the draft partnership agreement to ensure it is sufficiently robust.

4.48 Safeguards to be built into the agreement would include the need for council agreement to be sought on significant changes to the services by the trust and the establishment of joint performance indicators to monitor the effectiveness of the arrangement.

4.49 The planned localities or GP networks will reflect local partnerships and geography. Appendix 5 shows the proposed localities mapped against GP practice locations and practice list size.

Proposals for next steps

4.50 The next steps proposed in this report are designed to benefit residents directly through seamless care that is co-ordinated, continuous and person-centred.

4.51 While the timetable to achieve the vision for complete integration is yet to be finalised, key milestones until April 2013 are set out in the Table below with further aspirations noted. These will lay the foundations for the future to realise the vision of complete integration described in 4.40 above.

4.52 A risk analysis (Appendix 7) will ensure that emerging risks are identified and mitigated.

4.53 The immediate steps required to integrate health and social care teams and align to them to CCGs in April 2013 are the creation of and recruitment to the joint Director of Health and Social Care Adults and the integrated senior management team so that they can create the new integrated service and the further detailed management structure.

4.54 The draft senior management structures have been developed to reflect the requirements of CLCH, Adult Social Care and locality working in the future. They maintain a borough basis to more easily accommodate borough sovereignty and Clinical Commissioning Groups' strategies. The draft structures to replace the current structures and the draft Job Description for the Director are included in Appendices 1 – 3 and will be finalised following further discussion with CLCH and consultation with staff and unions. These senior managers would manage **both** community health and social care services.

4.55 The Director would be a member level appointment by Adult Social Care and CLCH and would report to both the Tri-Borough Executive Director for Adult Social Care and the Deputy Chief Executive CLCH (the Chief Operating Officer for CLCH, as required for Foundation Trust status, and with responsibilities across all CLCH extending beyond the three boroughs and the adults remit).

4.56 The Director could be employed either by the lead local authority, London Borough of Hammersmith and Fulham, or by CLCH. The new post has been evaluated by LBHF at SMG2 (£85,748 - £104,803) and by CLCH at Agenda for Change Band 9 (£77,079 - £97,478). The dual reporting line would ensure that financial and statutory accountabilities are robustly met. The formal legal agreement will reinforce this dual accountability.

4.57 The Director would manage three Joint Operations Assistant Directors for Health and Adult Social Care, each responsible for community health and adult social services for older and physically disabled people in one of the three boroughs. The management of specialist services is yet to be decided.

4.58 The post of joint tri-borough Service Manager for Learning Disabilities created in 2011 will be renamed Joint Operations Assistant Director for Learning Disabilities Services and will be recruited to at the same time as the three new Assistant Director posts.

4.59 The three Joint Operations Assistant Directors for Health and Adult Social Care would each manage a team of Joint Locality Managers to reflect borough and CCG needs and to work with GPs at local levels as co-providers of health and

care services. These would be senior posts with wide-ranging responsibilities that would present opportunities for career development for ambitious individuals. Appointments to these senior posts would be conducted jointly to jointly agreed job descriptions.

4.60 Overall these proposals will lead to a reduction in the total number of senior managers in the four agencies but the exact number has yet to be determined, and, while savings to be released are also yet to be determined, they will contribute to existing business plan savings targets.

4.61 Once in post, these senior managers will further refine the plans for services currently being taken forward in the TAS programme and look to develop structures and systems that will improve resident's experience of health and social care through a seamless service.

4.62 What will remain the same in this arrangement are the lines of accountability within boroughs, the current Fair Access to Care Services eligibility criteria, the employment of staff by their host boroughs, and the current financial and statutory roles, responsibilities and accountabilities.

Next steps

Month	Milestone
October 2012:	• Locality Working Phase 1 – align CLCH staff to networks defined by CCGs
November 2012:	• Reports to Cabinets/Board
December 2012:	• 12 week staff and union consultation on refined structure begins
	• Recruitment to senior management structure
March 2013:	• Business Case for transformation completed;
	• Governance structure in place
April 2013:	• Senior management structure in place
	• Locality Working Phase 2 - integrate health and social care teams and align to CCGs in April 2013
May 2013:	• Line management of assessment and care management staff transferred to joint management with CLCH

Aspirations beyond May 2013	• Redesign work complete.
	• Boroughs enter into legal agreement with CLCH over the provision of future services and delivery of the savings.
	• Any agreed management savings / staff transfer arrangement implemented
	• Joint financial allocations
	• Joint IT platform across the agencies
	• Determine the arrangements for specialist services
	• Complete development of integrated access points
	• Refine the role of generic health and social care co-coordinator
	• Conduct skills mix review

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5. EQUALITY IMPLICATIONS

5.1 As with all Council functions, Cabinet must have regard to the Public Sector Equality Duty (PSED, section 149 of the Equality Act 2010) which has three aims. It requires public bodies to have due regard to the need to:

- **eliminate unlawful discrimination**, harassment, victimisation and any other conduct prohibited by the Act;
- **advance equality of opportunity** between people who share a protected characteristic and people who do not share it; and
- **foster good relations** between people who share a protected characteristic and people who do not share it.

5.2 Having “due regard” for advancing equality involves:

- Removing or minimising disadvantages suffered by people due to their protected characteristics.
- Taking steps to meet the needs of people from protected groups where these are different from the needs of other people.
- Encouraging people from protected groups to participate in public life or in other activities where their participation is disproportionately low

5.3 The Act also created a unified and extended public sector duty that protects people from discrimination by association with someone with one or more key protected characteristics. This could apply to carers because of their association with older or disabled people in particular.

5.4 Officers are of the view that the proposals will have no negative impact on protected groups at this stage and indeed the purpose of the proposals is to improve front line services. Officers are mindful however that the PSED is an on-going duty and due regard will continue to be given to the PSED as proposals are developed and implemented and appropriate action taken.

5.5 Where proposals to reduce expenditure may impact adversely on persons against whom it is unlawful to discriminate, (for example people with disabilities) those impacts need to be considered through Equality Impact Assessments and the Council's statutory obligations need to be taken into account.

5.6 The attached Equality Impact Assessment (Appendix 6) presents an analysis of the impact of the proposed changes for the Cabinets' attention. The Equality Impact Assessment identifies possible positive and negative impacts of the proposals on particular groups and suggests actions that could be taken to remedy negative impacts to mitigate any disproportionate effects on any group.

5.7 The proportions of the total populations affected, that is, people in receipt of a service from the Older People and People with Physical Disabilities teams is 1.8% (Westminster), 1.6% (RBKC) and 1.3% (LBHF). The proportions of the population aged over 65 in each borough in receipt of a service are 11% in Westminster, 8% in RBKC and 9% in LBHF. The concentration of service users across the boroughs (see maps in Appendix 5) does vary considerably within boroughs and this will need to be reflected in the service design and resource deployment.

5.8 Overall, the proposals for integration are considered to have a positive impact by moving to a fairer and more effective system of 'joined-up care' that will help reduce inequalities for individuals, families, carers and local communities.

6. LEGAL IMPLICATIONS

6.1 The proposals will, if adopted, be developed using s.113 of the Local Government Act 1972 (the power to place staff at the disposal of other authorities) or s.75 of the NHS Act 2006. The arrangements will be formalised by

an agreement between the Boroughs and the NHS Trust which will include detailed financial, HR and data sharing protocols and provisions in relation to the sharing of staff, assignment of liabilities, management arrangements, dispute resolution and termination. The sovereignty guarantee included in previous reports will also be enshrined in the agreement. Different agreements will be required for each service although they are expected to be broadly similar.

7. FINANCIAL AND RESOURCES IMPLICATIONS

7.1 The reductions in senior management posts and the redesign of services will contribute towards savings targets for 2013/14 and 2014/15. The exact savings to be released are yet to be calculated and are dependent on the conclusion of detailed work by the Human Resource services. This will also need to include the likely cost of redundancy which cannot be estimated at this stage.

7.2 Cost reductions are expected from the following sought outcomes, modelled in the June 2011 Cabinet Report:

- Reduced back office costs through shared services with health
- Reduced care home placements through better managed demand
- Better/more efficient provision of care in the home by shared approaches with health and use of technology such as telehealth/care where appropriate
- Less duplication of effort through shared approaches to triage, assessment, and care response
- Reduced demand for long term social care services through the maximisation of reablement, rehabilitation, and recovery from integrated short term services and the improved health, wellbeing and satisfaction of our residents through integrated care.

Source of Saving by Borough and Year - taken from June 2011 Cabinet reports and latest savings plans

	2012/13	2013/14	2014/15
LBHF			
Integration – Management	93	93	93
Integration – Impact on Demand	0	1450	2900
RBKC			
Integration – Management	51	51	51
Integration – Impact on Demand	0	250	250

WCC

Integration – Management	97	97	97
Integration – Impact on Demand	0	634	634

Total

Integration – Management	241	241	241
Integration – Impact on Demand	0	2334	3784

7.3 In addition, further savings will be produced by integrating throughout the structure and reviewing skills mix. These savings will be factored into savings plans. Current staffing budgets for the service area are set out below.

7.4 Investment will be required to implement an integrated service, which will need to be agreed and factored into financial plans:

- **Staff exits costs** – Actual costs depend on who exactly is made redundant and estimates will be based once detailed work around the proposed structure has been completed.
- **IT and Property costs –** co-locating services will require investment for the re-development of the existing estate and to ensure connectivity for the IT systems needed.
- **Project management costs:** Combining services will require support and some staff will need to be freed up to manage the change ahead.

Tri Borough Adult Social Care Operations Staffing Budgets 2012/13

Service	LBHF		RBKC		Westminster		Tri-Borough	
	Sum of Budgeted FTE 2012/13	Sum of Pay Budget Forecast 2012/13 £000s	Sum of Budgeted FTE 2012/13	Sum of Pay Budget Forecast 2012/13 £000s	Sum of Budgeted FTE 2012/13	Sum of Pay Budget Forecast 2012/13 £000s	Sum of Budgeted FTE 2012/13	Sum of Pay Budget Forecast 2012/13 £000s
Assessment & Care Management	97	3,081	120	4,200	96	4,316	**312**	**11,597**
HIV/AIDS			1	58			**1**	**58**
Home Care	2	60					**2**	**60**
Occupational Therapy	11	311	24	872			**35**	**1,183**
Other Services	28	1,105					**28**	**1,105**
Reablement	31	1,115			32	1,167	**63**	**2,282**

Senior Managers	1	142	1	26	3	222	**5**	**390**
Service Managers	3	268	1	85	1	138	**5**	**491**
Total	**173**	**6,082**	**147**	**5,241**	**132**	**5,843**	**452**	**17,166**

7.5 A financial protocol will be agreed between the Councils and CLCH and will be included within the legal agreement. This will set out requirements for budget monitoring and management, financial reporting, year end procedures, financial planning, risk management, auditing requirements and sharing of costs. Financial management is crucial and responsibilities will be enforced as now, regardless of who is in post. The financial protocol will need to be agreed by the Directors of Finance for the three Councils and CLCH. A finance sub-group has been established which will develop the protocol and calculate allocations of costs and savings. The intended move towards joint allocation of budgets in the future will need to be planned in detail, ensuring the sovereignty of all parties, whilst underlying this with financial rigour at all times.

8. CONSULTATION

8.1 All NHS organisations that are working to become an NHS Foundation Trust are required as part of their application to carry out a public consultation on their Foundation Trust plans. CLCH's consultation took place from 8 May 2012 to 31 July 2012 and asked 13 questions on the visionary and governance elements of their Foundation Trust plans. This included explicit reference to plans for integration with social care:

"Health and social care working together.
There are many different kinds of health and social care available from many organisations. But it can be frustrating and confusing dealing with the many different providers of these services. We believe that everyone responsible for your care should work closely together as one team to review your needs and provide you with the most appropriate care, support and help. So we are working closely with our local authorities to bring health and social care closer together. For example:

- We are supporting North West London's Integrated Care Pilot which is creating single teams made up of GPs, community health professionals and hospital doctors to work with individual patients to co-ordinate the right care for them.

- We are creating new health and social care co-ordinators who are working in hospitals to improve the way in which patients are discharged into the community.
- We are locating community health and social care teams alongside local GP practices to ensure everyone works better together."

8.2 The table below sets out the responses to the consultation question about integration, indicating overwhelming public support for better co-ordination.

Responses by consultation question.

	1 - Do not support at all	**2**	**3**	**4**	**5 – Fully in Support**
Q1. On a scale of 1-5 to what extent do you agree with our plans to improve integration across health and social care?	**3%**	**2%**	**13%**	**24%**	**58%**

8.3 Further public consultation will be required if proposals are made to change the locations of NHS services.

8.4 Consultation with staff and stakeholders on the models for effective integration is essential to make this a success. Engagement events and activities for people delivering health and social care on the ground are planned for the autumn. Staff and stakeholders will be fully informed and engaged in taking forward changes and to be clear about the implications for current work and organisations in November.

9. STAFFING IMPLICATIONS

9.1 Effective engagement and communication with our staff will be essential to make these plans a success. Our staff are highly motivated and committed to delivering excellent services. Their professional views and their knowledge of their service users are very valuable to the Councils. They will be fully informed about these proposals and were they to be implemented how best that might be achieved.

They are well-placed to identify and manage any risks or unintended consequences that might arise.

9.2 Were the proposals relating to changes to senior management to be implemented, there would be implications for future staffing structures and numbers. The support of the Director of Human Resources would be sought so as to reorganise the service in line with Council policy.

9.3 A formal period of statutory consultation with affected Staff and Trades Union will be undertaken once the proposed structures have been drafted.

10. COMMENTS OF THE DIRECTOR OF PROCUREMENT AND IT STRATEGY

10. There are no specific procurement issues relating to this report

References

Cabinet Report 27th June, 2011 *Tri-Borough Implementation Plans,* Appendix 2: *Adult Social Care Tri-Borough Service Plans and Proposals*

Integrated care, Kings Fund 2011

Integrated care for patients and populations: Improving outcomes by working together A report from the NHS Future Forum Kings Fund and Nuffield Trust , January 2012

Integrated care – making it happen: A Joint Statement between the Association of Directors of Adult Social Services and the NHS Confederation January 2012

Shaping a healthier future North West London, 2 August 2012

Report on Foundation Trust Consultation, CLCH, September 2012

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Appendices

1. DRAFT senior management structure for integrated Health and Social Care, Adults

2. Current structures for Adult Social Care Operations senior management

3. DRAFT Job description for proposed Director for Health and Social Care, Adults

4. Key Transforming Adult Services milestones

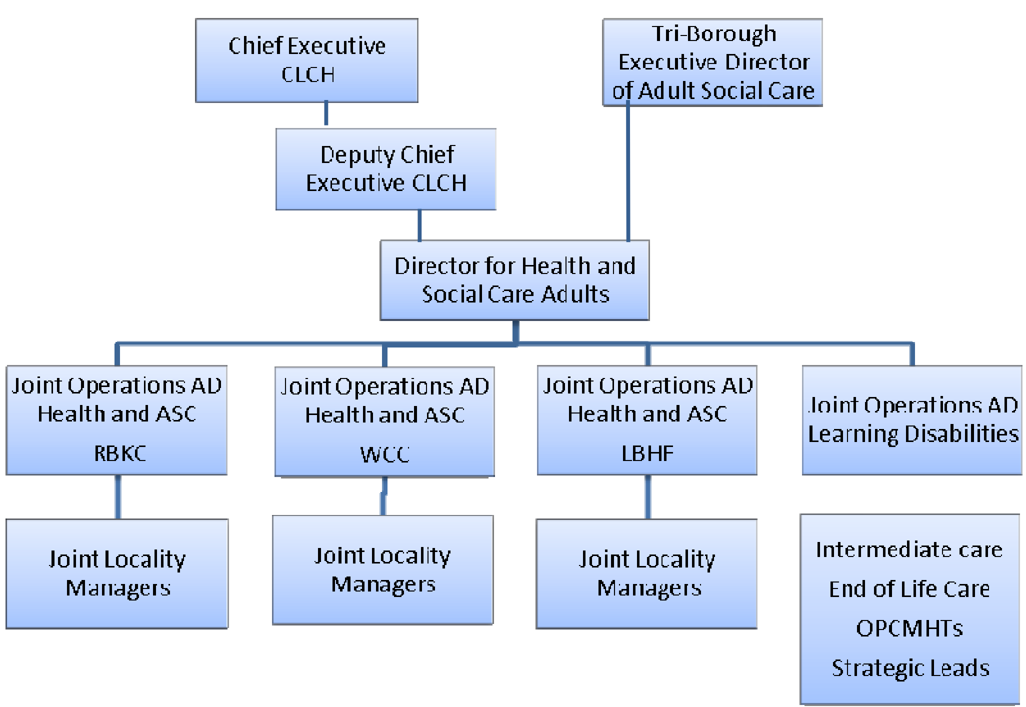
5. Maps of proposed localities mapped against GP practice locations and practice list size and current Service Users open to Older People/People with Disabilities Services supported in the community.

6. Equality Impact Assessment

7. Risk Analysis

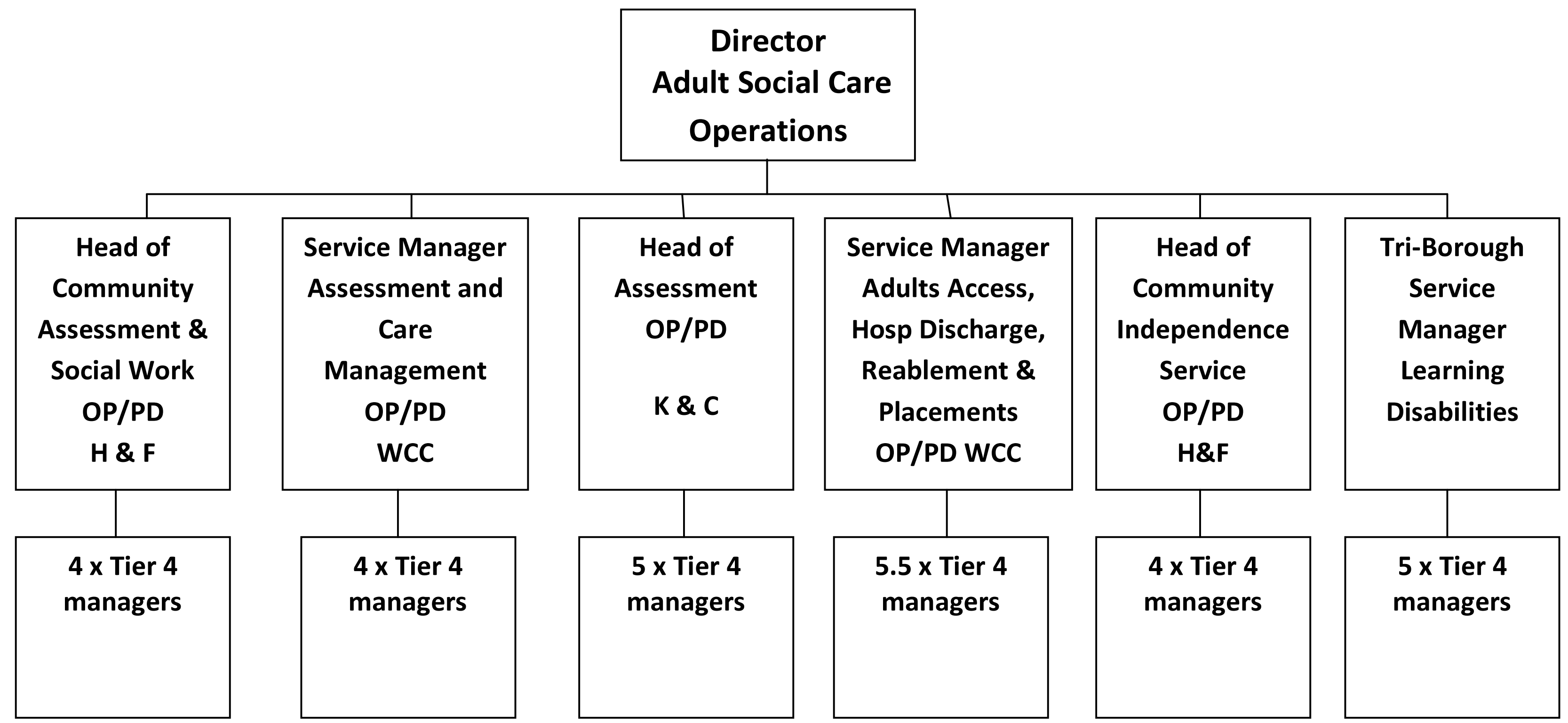
Appendix 1

Draft Senior Management Structure – Integrated Health and Adult Social Care Community Services



Appendix 2

Current Structure, Tri-Borough Adult Social Care Operations



Appendix 3

DRAFT JOB DESCRIPTION

Job Title:	Director for Health and Social Care, Adults
Department:	Tri Borough Adult Social Care
Responsible to:	Tri Borough Executive Director of Adult Social Care and the Deputy Chief Executive of Central London Community Healthcare Trust
Responsible for:	Tri Borough Gross Revenue Expenditure: £325m Net Revenue Expenditure: £245m Capital Expenditure: £6.5m Full Time Equivalent Posts: 452 CLCH To follow

1.0 Purpose of the role:

1.1 To lead and be responsible for the provision of locality and specialist community services for health and social care across the Tri Borough authorities. This will include community nursing, therapies, assessment, care management, social work, reablement and rehabilitation services for adults, delivering on and influencing the requirement of Clinical Commissioning Groups, joint local authority/NHS commissioning bodies, NHS acute and mental health trusts, housing departments, voluntary organisations and private sector providers.

1.2 To be accountable across the various provider organisations that services to adults are provided seamlessly and that emergency response arrangements take care of this.

1.3 To lead and support the development of integrated provision for adult social care and community health services in networks, localities & hubs.

1.4 To pursue, promote and influence best practice Equal Opportunities and Equalities policies in relation to the duties of the post in respect of service provision, people management and personal role modelling.

Main Responsibilities

2.0 Departmental Role

2.1 To report jointly to the Tri Borough Executive Director of Adult Social Care and the Deputy Chief Executive of Central London Community Healthcare Trust and to deputise for them as necessary.

2.2 To be a member of the relevant senior management teams. Lead development of strategic plans and policies for own services and contribute to the development of service-wide strategic plans and policies for other services, seeking opportunities to enhance adult health and social care service provision.

2.3 To undertake or lead on a range of corporate initiatives and projects as necessary to take the service forward and to further the integration of services across the three boroughs and health and to contribute to achievement of the strategic objectives of each health and social care organisation.

2.4 To represent the department in joint working with other departments across the councils and Central London Community Healthcare Trust and other organisations.

2.5 To participate in and support relevant management teams, Members, Health and Well-Being Boards and other Council and NHS fora as necessary on matters within the officer's sphere of responsibility, seeking opportunities to influence decisions, policy and practice to the benefit of adult health and social care service users.

2.6 To take the strategic lead for Tri Borough Adult Social Care Department in Emergency Planning and Business Continuity for Adult Social Care and Health in liaison with CLCH resilience function as required, ensuring that local responses to emergencies are effective.

3.0 Functional Role

3.1 To be responsible for the availability, effectiveness and value for money of adult social care and health services delivered within the remit of this post, including joint services with the NHS.

3.2 To take a lead role in the policy development, evaluation and implementation of care management, assessment and reablement systems in the department in accordance with statutory requirements, Government guidance and best practice. To be responsible for instigating and reviewing remedial action to address service performance issues.

3.3 To take a lead role in the development of integrated services between adult social care and community health, developing and building on the partnership existing with Central London Community Healthcare Trust.

3.4 To secure and sustain the necessary changes to culture and practice so that services continue to improve outcomes for all and are organised around needs.

3.5 To take a lead role in delivering adult social care services that maximise personal choice, promote the well-being of individuals, are person-centred, protect the vulnerable and support independent living and social inclusion.

3.6 To be responsible for safeguarding practice in adult health and social care and that governance arrangements are in place so that referrals are managed appropriately and in a timely way according to policy and procedures.

3.7 To ensure that service users, their families, carers and the wider community are involved in the planning, design and provision of adult social care and community health services.

3.8 To ensure that there are clear and effective arrangements in place to support the joint planning, monitoring and delivery of services between different service providers in the health and social care sectors and other local partner organisations in the wider community.

3.9 To support the procurement process and with strategy and business development teams, contribute to the development of contracts and specifications with service providers to ensure cost effective, high quality services are procured and delivered and to ensure contracts are regularly monitored and contract service improvements are implemented as required.

3.10 To closely monitor and be accountable to the Councils and Central London Community Healthcare Trust for the financial and quality performance achieving agreed targets in terms of delivering efficiency and effectiveness.

4.0 Departmental Role

4.1 To be responsible for ensuring that services within Tri Borough Adult Social Care Operations and CLCH Community Services are delivered within budget, and that overall budgetary management is maintained, ensuring through the relevant management teams that budgets are prepared, controlled and monitored effectively.

4.2 To be responsible for the deployment and development of staff resources, ensuring best practice in equal opportunities and the human resources policies and procedures of the three councils and Central London Community Healthcare Trust, including performance appraisal schemes.

4.3 To have responsibility for contributing to Business Plans and the specification of service objectives and performance indicators (as designed locally and by central government), promoting the drive for good performance against these benchmarks.

4.4 To have lead responsibility within CLCH Community Services for developing bids & tenders for future integrated services for adults within the tri-borough area.

4.5 To prepare and deliver annual savings plans and continuous service improvements as required.

4.6 To lead on the development of quality assurance and performance review systems and to monitor and review the quality of all services provided by Tri Borough Adult Social Care Operations and Central London Community Healthcare Trust.

4.7 To take lead responsibility for the development and implementation of new IT systems and databases within the assessment and care management services and to support the development of shared information systems between social care and the health agencies wherever possible.

Appendix 4

Key TAS milestones