

Integrating Community Health and Adult Social Care Services

Portfolio Holder:
Councillor Chauhan

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1. Purpose of the Report

1.1 To provide an update on integrating community health and adult social care services.

2. Recommendations

2.1 Health Scrutiny Committee is invited to note the update provided and advise of dates for further updates.

3. Current position

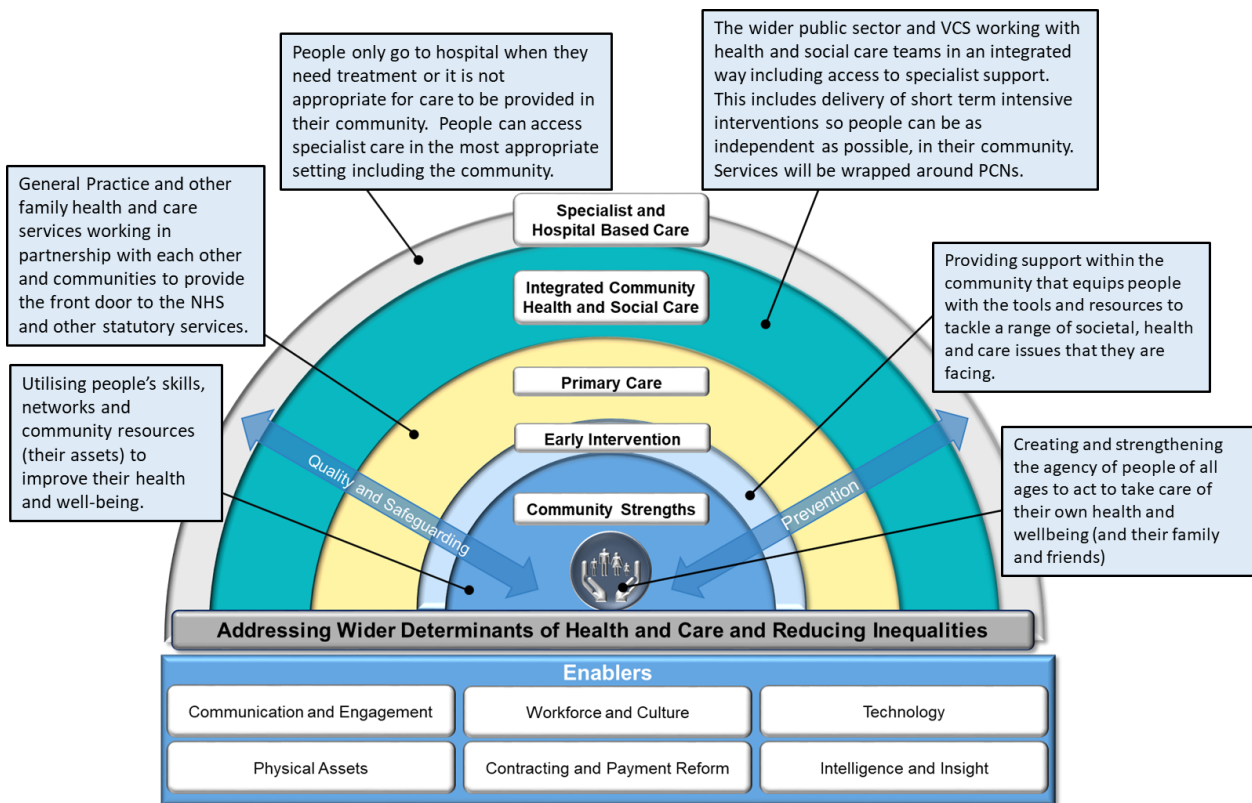
3.1 The Community Health and Adult Social Care Service (Community Service) has two distinct elements of operation;

- (i) The commissioning responsibilities for ensuring all statutory requirements of the Local Authority including safeguarding are enforced (as required by the statutory post of the Director of Adult Social Services – DASS) and
- (ii) The leadership and operation of all the adult community health and statutory social care services operating in the borough. This is delivered through an alliance which includes employees from;
 - Oldham Council
 - Miocare
 - Northern Care Alliance / Salford Royal Foundation Trust
 - Pennine Care NHS Foundation Trust
 - The social care commissioning element of the integrated commissioning function

3.2 The Community Service is a critical mechanism to realising this vision for the wider health and social care economy. It is therefore essential the service is focussed on

wellbeing and prevention, enabling people to regain independence, whilst targeting long-term support at those people with the most complex needs.

- 3.3 With a focus on strength and asset-based practice approaches at the forefront of how residents are supported, and a realisation that co-production grows thriving communities, it is essential for the service to consider a new future operating model, which places people at the centre of the care and support pathway. This will ensure they actively enable, inform and design services. It is anticipated that the health and social care economy will realise significant prevention-based improvements for the health and wellbeing of residents from a redefined integrated Community Service.
- 3.4 The model below, taken from the refreshed Locality Plan, emphasises a shift to self-care, preventative and place-based practice approaches to ensure that
- demand for services is prioritised
 - people are triaged to receive the most appropriate support
 - in the longer-term, people are enabled to self-care and take responsibility for their own wellbeing.
- 3.5 It is recognised that it is essential that the Community Service preventative approach complements the wider reform agenda and the early intervention review including Early Help, Thriving Communities and Social Prescribing.



- 3.6 The emphasis for phase 2 of integrating community services has therefore been refocused to design and implement an integrated community service that will
- enable practitioners to focus on supporting people in their communities
 - avoiding acute interventions and long-term community service dependency
 - reinforce a new culture of self-care, place and strength-based support

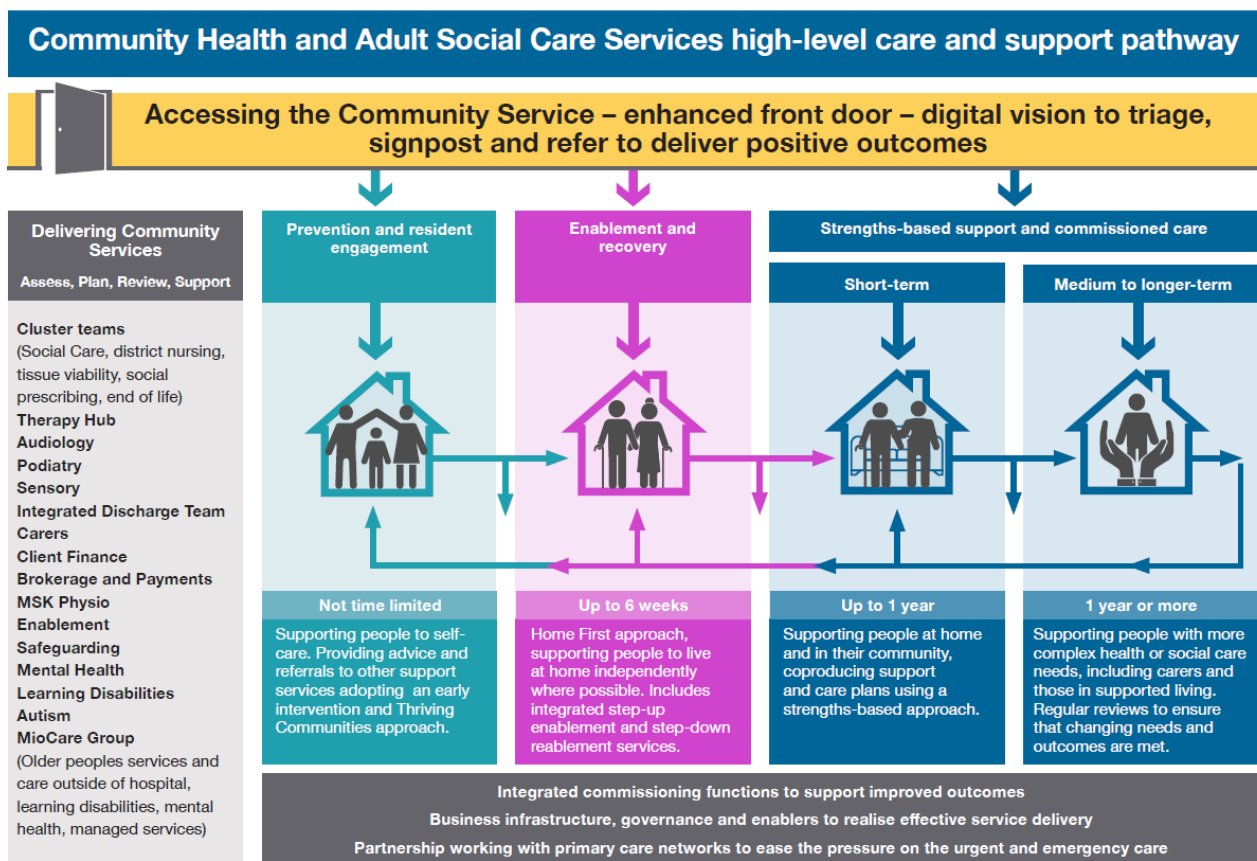
- drive financial, as well as demand efficiencies
- deliver better outcomes for residents and the economy as a whole.

3.7 This approach will also seek to enhance the first phase of integration, which sought to co-locate frontline practitioners from health and social care into geographical cluster-based models of working, alongside a centralised Integrated Therapy Hub. With operational reform plans developed to realise safe, compliant and effective models of working, it would also provide opportunities to further clarify change requirements to enable cluster and specialist teams to work collectively, whilst complementing the planned GP Primary Care Networks (PCN) that are to be established by April 2020.

4. Realising a new integrated community service

4.1 The diagram below illustrates the high-level care and support pathway that we envisage will deliver our vision:

The Community Health and Adult Social Care Service combines a range of skills and knowledge, as part of an integrated place-based model, to enable people to maximise their independence and receive timely, safe, person-centred care as close to home as possible.



4.2 We are seeking independent expert input to produce a clear understanding of the gap between where we currently are, and where we need to be to deliver the vision. This will include developing a transition and implementation plan to realise the new operating model for the Community Service.

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- 4.3 At the same time, the following are key areas of development, that are dependencies for delivering the vision:
- 4.3.1 Community enablement – whilst delivering the second phase of transformation funded projects, design and deliver an enablement model for Oldham. The model will build on the already partially integrated crisis enablement team and further improve the referral pathway and process into enablement services.
 - 4.3.2 Embedding integration – developing and embedding standard operating procedures for integrated neighbourhood community teams. Approaches to integrated working have been trialed across teams, to differing levels of success. This area will take learning from the trials, and from other locality integrated teams across GM to develop best practice procedures for integrated teams.
 - 4.3.3 Adults Targeted Model – designing and implementing a model for prevention and resident engagement to support people to self-care. The model will be aligned alongside the redesign and procurement of Oldham Family Connect, low-level early intervention and health improvement and weight management specifications/services.
 - 4.3.4 Streamlining governance and decision-making – there’s currently approximately 50 groups that make decisions affecting community services. These boards span across the Council, Oldham Clinical Commissioning Group, Oldham Care Organisation, Northern Care Alliance, Pennine Care Foundation Trust, and Oldham Cares. Groups have been formed within the Community Service to provide oversight and assurance. Once fully established early 2020, it is anticipated that these groups will take over some of the decision making currently covered by other groups, thus reducing the amount of duplication in reporting to and attending meetings. The evolving governance structure for decision making and assurance for CHASC is included at appendix 13.3. The structure seeks to enable five organisations to deliver through one vehicle (CHASC leadership forum), whilst recognizing that the Community Service is expected to adhere to the governance arrangements of each of the organisations, which does not support efficient decision making.
 - 4.3.5 Operational reform – some of the existing services are operating with high risk concerns around delivering a safe and effective service. For the services areas most at risk (District Nursing and intermediate care) recovery plans are in operation in the interim to track improvements via risk mitigation plans. A plan is being developed to reform other operational areas that are known to require e.g. system resilience to continue to deliver efficiently and effectively. This work will ensure that we have strong and stable services in operation, ahead of transforming them to meet the refocused vision.
- 4.4 All of this activity is being managed under a transformation programme to ensure that the links and dependencies across all areas of activity are joined up and delivered appropriately across the system. Due to the need to test out the design and delivery approach Oldham Cares has signed up to, the activity listed above is underway whilst the refocused vision for the Community Service is in the design
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stage. The design stage will conclude by end of March 2020 and it is envisaged that transitional arrangements will be in place by May 2020. The full solution will be implemented by July 2020, allowing for a 12-month period in which to deliver the solution within the agree hosting period with the Oldham Care Organisation.

5 Reviewing community health contracts

5.1 In July 2019 community health contracts transferred from PCFT to the Oldham Care Organisation (part of the Northern Care Alliance). At the point of transfer, it was recognised that the specifications for health contracts were out of date and needed updating. Previously, specifications have been sporadically reviewed and updated service by service. A project is underway to review the specifications, taking a system-wide approach to ensure that interdependencies across the system are taken into consideration.

5.2 Contracts will be reviewed under the following grouped activity areas (in the order noted below):

- Childrens services
- Community enablement
- Adult community nursing (including clinical elements of the Single Point of Access)
- Therapy/AHP
- Palliative and End of Life
- Appointment Centre (including non-clinical elements of the Single Point of Access)
- Pennine MSK

5.3 All health contracts will be reviewed as part of this project. The review will ensure input from enablers, service leads, contract managers, commissioners and other stakeholders as relevant. The services identified as the highest risk will be first and include District Nursing and Intermediate Care residential enablement delivered at Butler Green.

5.4 Recommendations from each activity area will be considered within their own right, and collectively to ensure a whole system approach to the review.

5.5 Patient and quality outcomes-based specifications will be produced by the end of March 2020.

6 Redesigned Safeguarding service and Social Care

6.1 A redesigned safeguarding adults system that has both strategic and operational elements is now in the process of being implemented. All reactive safeguarding going forward will be undertaken by the neighbourhood and specialist teams with the strategic service supporting the Safeguarding Adults Board

6.2 The social care services are also evolving and whilst facing demand pressures a single line leadership model across health and social care services is in place.

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- 6.3 A Business Infrastructure service is being designed to take responsibility for the business and performance elements of managing the alliance of services and all undertaken within existing resources.

7. Integrated Commissioning Function

- 7.1 An update on commissioning was provided to the Health Scrutiny Committee 10 September 2019. See Appendix 13.1.

8. Key issues for Overview and Scrutiny to Discuss

- 8.1 For scrutiny to take note of the proposal for further integrating community services as part of phase 2 of the transformation change programme.
- 8.2 For Scrutiny to seek assurance that both the statutory duties of the Council and CCG are being undertaken.
- 8.3 The service has a combined operating budget in the region of £95 million. Adult Social Care is projecting a budget overspend.

9. Key Questions for Overview and Scrutiny to Consider

- 9.1 For scrutiny to consider the scope and scale of integration within Community Services.
- 9.2 For scrutiny to clarify date for further updates.

10. Links to Corporate Outcomes

- 10.1 Integration works proactively with residents and partners to promote health, independent lifestyle whilst providing the right level of care at the right time.
- 10.2 We aim to put social value and transformation outcomes at the heart of delivery of Community Services.
- 10.3 Through integration, we will reform our services which will in turn lead to better outcomes and delivery for residents.

11. Additional Supporting Information

- 11.1 None.

12. Consultation

- 12.1 All enablers are involved in the redesign and implementation of integration.

13. Appendices

13.1 Oldham Cares Commissioning Arrangements Update report



O&S report
020919.docx

13.2 Organisational structure chart for the Community Health and Social Care Service



191217 Updated
CHASC Senior Manag

13.3 Governance structure for the Community Health and Social Care



Governance for
CHASC from July 2019