TO: EXECUTIVE
12th February 2019

EAST BERKSHIRE INTEGRATED AND DELEGATED CONTINUING HEALTH CARE SERVICE PROPOSAL

Executive Director: Delivery

1 PURPOSE OF REPORT

1.1 The purpose of this report is to update the Executive on a proposal for an integrated and delegated continuing health care (CHC) service for East Berkshire that has been jointly developed by East Berkshire Clinical Commissioning Group (CCG), Slough Borough Council, Bracknell Forest Council (BFC) and the Royal Borough of Windsor and Maidenhead (RBWM).

1.2 The attached proposal document was originally produced for the East Berkshire health and care system leaders group which is attended by the Chief Executives and lead directors from the local authorities, CCG and health provider organisations in the local system. It was agreed at the system leaders meeting in December 2018 that officers would recommend the proposal to their respective governing bodies for approval before the end of February 2019 and seek permission to proceed to implementation.

1.3 The proposal sets out a vision for a more integrated and person centred approach to the assessment, care management and provision of continuing health care in East Berkshire. The shared aim is to harness the skills and expertise across CCG and local authority commissioners and practitioners to deliver better care outcomes and more seamless services for people with continuing health care and mental health aftercare needs, making the best use of collective resources across the local care system. This will also open up opportunities for efficiencies from more collaborative working.

1.4 The proposal sets out an intention for Bracknell Forest Council to develop a trusted assessor model for an integrated CHC assessment and care management service to be delivered on behalf of the East Berkshire CCG under a section 75 agreement. Subject to agreement from all parties, the Bracknell Forest Council staff will lead the work to co-design and pilot the new model during 2019/20 with the expectation that the new model will be fully operational by April 2020.

1.5 The proposal also includes the intention to implement an integrated CHC commissioning and brokerage function for East Berkshire that will be hosted on behalf of the CCG by Slough Borough Council. The aim is to implement this from the beginning of April 2019.

2 RECOMMENDATION

2.1 That the Executive endorses the proposal for an integrated and delegated continuing health care (CHC) service for East Berkshire.

2.2 That the Executive instructs officers to proceed with the design and development of the trusted assessor operating model and implementation plans to pilot this from the July 2019.

3 REASONS FOR RECOMMENDATIONS

3.1 There is substantial evidence that more personalised health and care for people with continuing health care needs delivers better outcomes, higher satisfaction levels and is often more cost effective.

3.2 The use of personal health budgets and direct payments puts patients directly in control of their care and potentially opens up a wider range of community delivered health and care options that can be purchased directly in the local care market. For example people can use their personal health budget to directly employ a health care assistant or to fund established care arrangements rather than have to give these up if they become eligible for NHS funded continuing health care

3.3 Bracknell Forest Council's Adult Social Care team already supports the CCG with CHC care management for people with learning disabilities, and led the development of a personal health budget (PHB) direct payment support service for the CCG in 2017.

3.4 Greater integration across health and social care is a strategic priority for the Council and NHS partners. Bracknell Forest Council and the other East Berkshire local authorities already have a strong track record of collaboration and integrated working which is reflected in the plans to develop the Frimley Health and Care Partnership integrated care system.

3.5 A local authority hosted CHC assessment and care management service will create opportunities to pool resources, share the benefits of better managed continuing health care and minimise the risk of dispute.

4 ALTERNATIVE OPTIONS CONSIDERED

4.1 A range of alternative approaches have been considered including a do nothing option. This was discounted because there is agreement amongst CCG and local authority partners that the current CHC service has led to inconsistencies in assessment and care management practice, choice of provision, as well as disjointed pathways, duplication of resources and avoidable disputes.

4.2 The development of a joint enterprise would support the benefits of integration but it was felt that establishing new structures and organisations would involve TUPE, and the governance and transitional requirements and costs would be too complex and expensive.

4.3 The model outlined in the proposal (Appendix 1), achieves the benefits of integrated commissioning and allows for a period to evaluate the impact without the need for creating new organisations and unnecessary costs.

4.4 The same principles will be applied to the development of an integrated assessment and care management model.

5 SUPPORTING INFORMATION

5.1 Proposal document for an integrated and delegated continuing health care service across East Berkshire is attached to this report – Appendix 1.

6 ADVICE RECEIVED FROM STATUTORY AND OTHER OFFICERS

Borough Solicitor

6.1 The arrangements proposed will be delivered using powers set out in S75 of the NHS Act 2006 which permit delegation of NHS functions to local authorities including under pooled budget arrangements. The proposals will also require the sharing of personal data in respect of which GDPR requirements as to the storage and sharing of personal data will need to be adhered to.

6.2 The proposed agreement should specify that legal costs and work associated with legal proceedings will not be covered by the joint arrangements. For matters which are CHC funded the CCG will be responsible for any legal action required unless it seeks to instruct the Council's Legal Services to undertake the necessary work. Where the Council's Legal Services is instructed, the CCG will be responsible for the legal costs and associated disbursements.

Director of Finance

6.3 There are no immediate financial implications for Bracknell Forest Council arising from the proposal in the report. A detailed assessment of the Trusted Assessor model will be undertaken over the coming months, with arrangements being piloted for Bracknell Forest residents during 2019/20. Neither operational nor commissioning budgets are proposed to transfer between organisations, meaning the Council will not be exposed to any additional risk.

Equalities Impact Assessment

6.4 The development and implementation of an more person centred and integrated continuing health care assessment and care management model is expected to improve access to continuing health care for everyone with eligible health needs and provide greater choice and control for patients. An equalities impact assessment will be conducted once the new integrated assessment and care management operating model has been designed.

Strategic Risk Management Issues

6.5 The proposal for an integrated and delegated Continuing Health Care Service across East Berkshire makes it clear that there will be no TUPE implications for CCG or local authority staff affected by changes to the current CHC operating model. There are no other strategic risk management issues to consider at this stage.

7 CONSULTATION

Principal Groups Consulted

7.1 East Berkshire health and care system leads group (chief officers and directors representing NHS and local authority health and social care commissioning and provider organisations)

7.2 Elected members

7.3 Bracknell Forest Corporate Management Team (CMT)

Method of Consultation

7.4 Consultation has been conducted through attendance at scheduled meetings

Background Papers

Contact for further information

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APPENDIX 1

Proposal for an

Integrated and Delegated

Continuing Health Care Service

Across

East Berkshire

Document Information:

Document Version History	
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Document Endorsed By	
East Berkshire System Leaders Group	26th November 2018

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Part Four: Key decisions, risks and recommendations

1. **Executive Summary**

1.1. **Recommendations:** The recommendations in this report support the Partnerships commitment on how best to commission and deliver Continuing Health and Care Services to residents in East Berkshire.

East Berkshire System Leaders are requested to review this proposal and confirm that the contents are aligned to expectations. This will enable the project team to progress to next steps.

In addition members are requested to:

1. Approve this initial proposal which sets out the indicative timelines, governance structures, risks and key decisions to be made.
2. Support the continuation of the Integrated CHC and Sec.117 programme, so that any new risks or decisions continue in line with the programme plan.
3. Provide the appropriate support and resources to support delivery of the programme.
4. Delegate the CHC Commissioning Budget through a Section 75 Agreement to Slough Adult Social Care.

1.2. The intention is that the final proposal would ensure any future arrangement would be fit for purpose, sustainable and able to respond positively to emerging issues across the local health and social care economy for complex patient care.

1.3. The proposed changes to CHC would build on the partnership arrangements between health and social care and the strong collaboration between statutory agencies to ensure the health and social care needs of the population are met. These arrangements have been in place for a number of years across a wide spectrum of services such as mental health, learning disabilities and intermediate care; many of which are underpinned by a formal Section 75 agreement. Through the BCF (Better care Fund) and ICS (Integrated Care System), commitment is gaining momentum to secure the right strategy and interventions to address health and social care needs;

equity of access, strengthen public services and to coordinate care to keep local residents healthy in their own homes for longer.

1.4. This shared vision and commitment is being captured through a number of ICS work streams. Integrating some of these functions provides the best opportunity to achieve financial sustainability, and improve the outcomes for local residents.

1.5. The timeframe set out in this proposal allows for:

1.5.1. The CHC service to implement its Operational Recovery Plan prior to any delegation or integration taking place.

1.5.2. Engagement with NHSE SIP (Strategic Improvement Plan) to support implementation of this proposal.

1.5.3. Engagement with service users, stakeholders and the workforce to co-design the final assessment and care management model.

1.6. The proposal advocates two phased approach to System Leaders, these are that East Berkshire CCG delegate:

1.6.1. Commissioning, Placement, Procurement and Contract Management to Slough Borough Council for the following functions: CHC (continuing healthcare), FNC (funding nursing care), and Sec.117 (Section 117 aftercare) for the residents of East Berkshire with effect from 1st April 2019. For the remainder of this report these collective functions where appropriate shall be referred to as CHC.

1.6.2. Assessment and Case Management from April 2019; to a full go live of a fully integrated model by 2020/2021. Currently it is anticipated this would be through Bracknell Forest Council and would be subject to sign off of a detailed proposal.

1.7. This means current CHC support arrangements in place would be discharged from the CCG and transferred over to Slough Borough Council through a Section 75 Agreement to commission services for CHC and to allow for greater management of the care market and like-wise for the Assessment and Case Management function through Bracknell Forest Council.

1.8. The CCG would retain its statutory responsibility in relation to assessment, eligibility and compliance against the National Framework. To ensure the CCG comply with the statutory duties set out in the National Framework, a governance structure has been considered as part of this proposal.

1.9. This proposal is based on a programme of joint work completed between July 2018 and October 2018 where Partners across East Berkshire assessed a range of options for an alternative operating model for CHC.

1.10. Barriers associated with finite resources, competitive purchasing between organisations and duplication in effort is causing significant system wide pressures and the creation of delegated functions and integrated care management would contribute to a new and efficient system of care.

PART ONE: Overview

2. **Outline-** The business case sets out the case for the Commissioning, Placement, Procurement and Contract Management Function through which :

2.1. A new operating model which has been designed to improve pathways and outcomes for residents when CHC and complex patient care is adopted.

2.2. Placements and brokerage of CHC to be channelled through a co-designed collocated team within Slough Adult Social Care Commissioning and Transformation Team.

2.3. The need for a joint market strategy which is aligned with wider work around accommodation based care and support across the three Local Authorities (Slough, Bracknell and Optalis- Royal Borough of Windsor and Maidenhead) for self-directed support, use of DPs (direct payments), and creating a PA (personal assistant) market.

2.4. A single pathway that replaces different processes and procedures for each client group or funding stream related to assessment, decision making and ratification including panel processes. The overview would cover complex health, physical disabilities, learning disabilities, mental health and adult social care pathways and panel (excluding end of life and children).

2.5. A common set of documents, based on best practice from existing processes or wider, that is jointly agreed and adopts similar or aligned approaches across the client groups and funding streams.

2.6. The joint development of a Standard Operational Policy and Market Position Statement for the aforementioned client groups (if deemed relevant).

2.7. The operational and technical barriers and improvements that must be addressed for this service to succeed.

2.8. The capacity of, and demand for, the service, the associated costs, risks and benefits of the proposed model and the commissioning approach from the perspective of

- Needs of the service users
- Strategic drivers of commissioners
- Readiness of the provider market

3. **Legal and Financial Overview**

3.1. **CCG's Statutory Responsibilities:** CCGs are responsible and accountable for system leadership for NHS Continuing Healthcare within their local health and social care economy. East Berkshire CCG have a statutory duty to:

- Ensure the delivery of, and compliance with, the 2018 revised National Framework;
- Establish and maintain governance arrangements for CHC eligibility processes and commissioning packages;
- Ensure that assessment mechanisms are in place across relevant care pathways, in partnership with the local authority as appropriate;
- Make decisions on eligibility for CHC;
- Identify and act on issues arising in the provision of CHC;
- Commission arrangements, both on a strategic and an individual basis;
- Have a system in place to record assessments undertaken and their outcomes, and the costs of NHS CHC packages;
- Implement and maintain good practice and promote awareness of CHC;
- Ensure that quality standards are met and sustained;
- Nominate and make available suitably skilled professionals to be members of Independent review panels;
- Ensure training and development opportunities are available for practitioners, in partnership with the local authority; and
- Have clear arrangements in place with other NHS organisations (e.g. Foundation Trusts) and independent or voluntary sector partners to ensure effective operation of the National Framework.

3.2. **Section 75 Agreement and delegation of functions:** The NHS Act 2006 makes it easier to delegate NHS functions to another partner to meet objectives and create joint funding arrangements (pooled budget) as long as it is clearly defined and set out in a partnership agreement known as "Section 75 Agreement". This proposal would like to extend current pooled budget arrangements to delegate the CHC functions listed in the section above.

3.3. **Anticipated Budget:** The indicative financial envelope of the service in scope for this business case is approx. £32.1 Commissioning cost (circa £25.1 m for CHC Adults and £7m for Sec.117). This excludes the Operating Budget and costs in respect of transitioning the service.

- Currently the Children's Service is out of scope however following the Children's Service Review; this may be incorporated as part of a wider scope.
- There are likely to be additional support costs as a result of transitioning functions to the local authorities. This includes additional costs in areas such as legal, estates, training and financial management. Further work is required in order to calculate the value of these additional costs.
- There is no intention to transfer staff, and NHS staff and local authority staff would remain within their current employment terms and conditions. There are no liabilities associated with pensions or TUPE.
- The VAT liabilities would need to be worked out as case management, review; supplier selection and procurement would be subjected to standard VAT rates. Implications of this would be confirmed through analysis of the pending Section 75 Agreement but positive steps would be taken to ensure additional VAT costs are not incurred and also VAT is reclaimed where possible. Slough Borough Council will work with East Berkshire CCG and South Central and West Commissioning Support Unit to determine the methodology.

3.4. **General Data Protection Regulations:** To be effective this project would require staff from different organisations to work more closely and to have increased access to personal data held by other organisations. GDPR requires organisations to consider data protection issues as part of the design and implementation of systems, services, products and business practices. A Data Protection Impact Assessment would need to be completed in order to identify and minimise the data protection risks of operating a delegated and integrated CHC Service.

3.5. **Equalities and Human Rights Impact Assessment:** As there would be no change to employment conditions or initial significant changes to the process for service users, a full impact assessment is not required. The project plan intends to complete an initial assessment over the coming months as part of the implementation process to demonstrate how the revised service would impact service users.

4. **Benefits from the joint proposal:** The benefits expected from this proposal are**:**

- Improved outcomes for local residents and a reduction in inequalities of access across East Berkshire;
- Greater security and sustainability for providers in the market;
- Services and contracts that are managed locally should see an increase in responsiveness and financial efficiency;
- Increased resilience in the provider market to meet the changing service needs and demands given the local strategic drivers on personalisation, increased choice and control, delaying the need, and increasing independence;
- Consistent approach to improve quality of services across the three areas, underpinned by a robust, tried and tested governance process;
- Consistency in quality assurance, compliance with standards including patient safety;
- Reducing the contractual transactions required for transition between social care and CHC commitments;
- Simplification of invoicing arrangements for providers;
- Increased patient and public engagement;
- Streamlined procurement service through the Dynamic Purchasing System and contracted suppliers;
- Integration and collaboration with partners.
- Removal of any ambiguity in relation to displacement of costs between statutory agencies.

5. **Process -** Whilst the approval of this business case represents a critical milestone in this programme of work, there are significant implementation plans scheduled ahead. This business case sets out the key milestones to deliver the Commissioning, Placement, Procurement and Contract Management function effectively and safely from 1st April 2019.

6. **Conditions -** implementation of this business case is subject to the following interdependencies:
    - Agreement by all Partners to developing a delegated and integrated CHC operating model;
    - Ability to extend the scope of existing Section 75 Agreements to include the CHC commissioning budget ; and
    - Delivery of statutory and financial duties underpinned by strong and robust accountability and governance; with clear reporting lines that are supported by the Partnership.

7. **Drivers for change**

7.1. Aims – To work with Local Authorities and the CCG to design a delegated and cross-partnership operating model which delivers a high quality service that offers local residents increased choice and control over their care. Irrespective of the funding stream; the care provided for the person would be personalised and seamless.

In essence this programme of work would achieve the following outcomes:

- Better outcomes;
- Better experiences;
- Better use of resources.

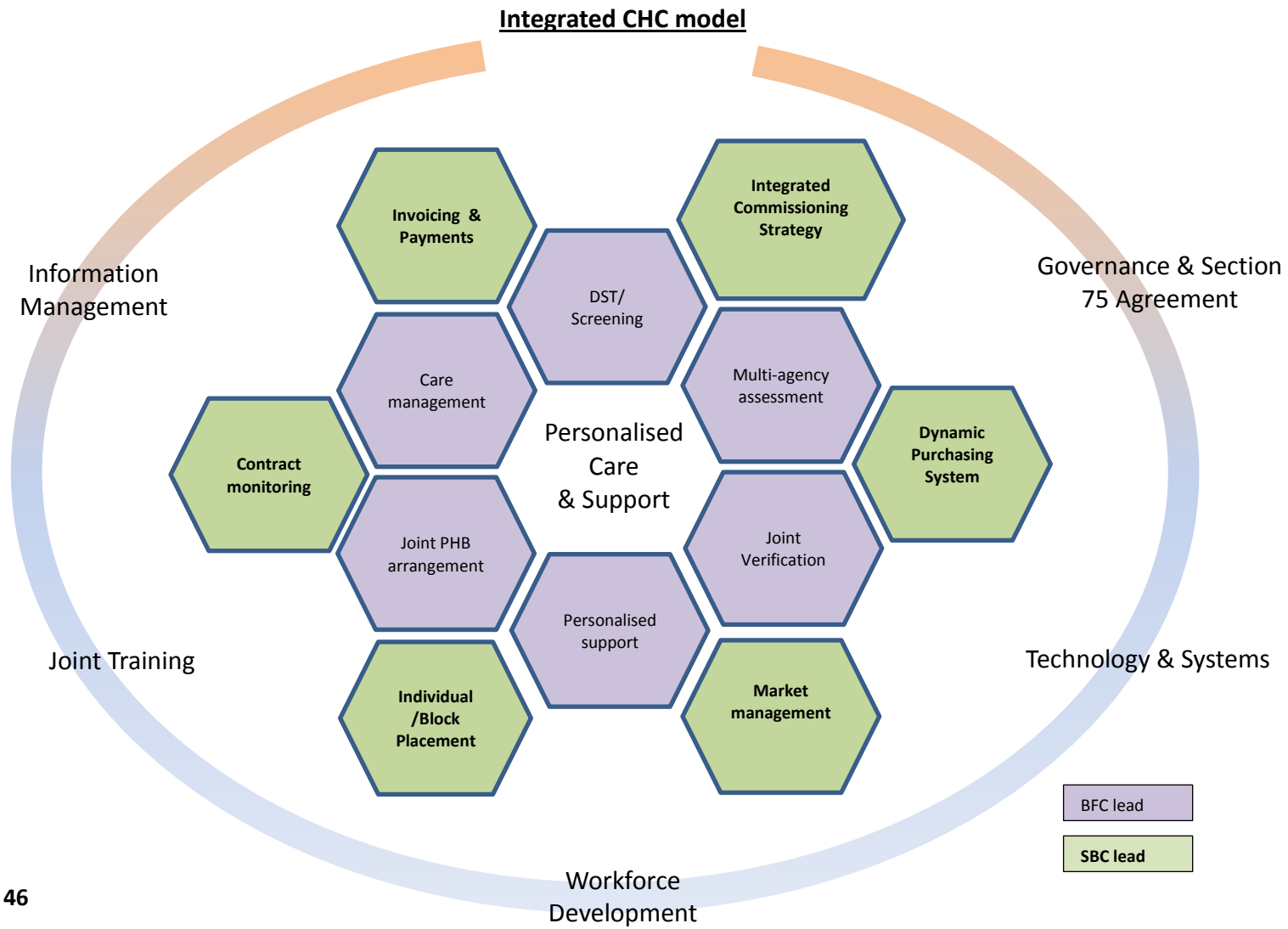
It is anticipated that the Model would be based on a range of national and local drivers for transforming personalised care, whilst ensuring the system drives increased value from the digital and operational infrastructure opportunities afforded by the transformation programme e.g. NHSE National Strategic Improvement Programme (https://www.england.nhs.uk/healthcare/).

7.2. **Operational Management:** Delegating functions would provide opportunities to embed Personalisation and Personal Health Budgets as a core offer. The expectation is that working in collaboration with our local authority colleagues, it would also mitigate the risk of displacement of costs between health and social care as this detracts from our joint responsibility for commissioning patient care.

7.3. **Strategic Management:** Delegated commissioning is fundamental to successfully deliver the Frimley Health and Care Integrated Care System (ICS). There is a strong commitment across East Berkshire to align and work closer to commission services where better outcomes for residents can be achieved. This is a key driver to help meet growing demand for health and social care services, as the Five Year Forward View (FYFV) highlights that the NHS will need to “take decisive steps to break down the barriers of how care is delivered”.

8. High Level Operating Model

Figure One: High level Operating Model



8.1. **The model:** The collaboration between health and social care teams is intrinsic across the *entire spectrum of* assessing and provisioning for complex patient care. Personalised care is at the heart of assessment and procurement activities with personal budgets being the default for care.

8.2. **Benefits of the new operating model for service users**

- Personalised care and support planning focusing on needs and strengths of the service user and incorporating strengths and capacity of the wider community.
- Increased choice and control through the use of Personal Budgets and Personal Health Budgets.
- Through implementation of the Discharge to Assess model, a reduction in length of hospital stays.
- Reduced length of time 'being assessed' and re-telling their story.
- Seamless care in the community or the hospital regardless of social care and health being the care coordinator.
- Individuals will have their care needs identified and met through delegated commissioning and integrated care delivery model.

8.3. **Benefits of the new operating model for commissioners**

- Compliance against the Framework, Procurement Regulations and Care Act.
- Better integration between health and social care services leading to reduced assessment costs and better management of resources.
- Economies and efficiencies through large scale commissioning of care
- Integrated support functions, strategic and operational cooperation
- Fewer delays in hospital discharges.
- Proactive case management leading to fewer instances of crisis management anticipated to reduce hospital admissions.
- Earlier identification of step up and step down opportunities.

8.4. **Benefits of the new operating model for workforce**

- Increased satisfaction through delivery of person centred care and reduced inter-professional conflict.
- Access to wider network of peers and support through integration with social care across the East.
- Stability in workforce through lower turnover and opportunities in the system.

8.5. **Benefits of the new operating model for providers**

- Reduction in bureaucracy – one system, one set of reports and one process.
- Increased security and empowerment to co-produce creative ways to deliver packages of care.
- More stable market, workforce and an operating base.

9. **Key features of the model**:

- Strong governance arrangements underpinned by Section 75 agreement.
- Co-located model with Local Authorities.
- No change in employment for NHS staff and Local Authority staff.
- System wide collaboration for pathway re-designs.
- Shared platform for information management.
- Joint working arrangements.
- Maximise digital opportunities, including potential for integrated LA-CCG IT system.

9.1. **Integrated Assessment and Care Management:**

- Unless there are exceptional circumstances; Personal Health Budgets to be the default.
- Shared early knowledge to include in an assessment.
- Care management by right discipline.
- Increases personalised approaches to care management.

9.2. **Delegated Commissioning, Procurement and Contract Management;**

- Provides a seamless service for Direct Payment, managed accounts and notional budget processing.
- East Berkshire CHC directly commissioned placements under delegated authority to Slough Borough Council. (Except Children and End of Life pathway).
- Procurement processes would be able to consider whole system volume discounting alongside social care provisioning.
- Provides an overview for identifying gaps in specialist provision.
- Duplication of Contract Management including quality assurance activity can be avoided.
- Development of local provision can be addressed for increased demand for nursing and home care provision.
- Develop range of provisions to include live-in services, to meet individuals' needs.

9.3. **Functions retained by the CCG**

- Establish and maintain the governance arrangements for the delegated & integrated functions to ensure compliance with CHC and Sec.117 duties.
- Planning and commissioning of population based health care services in the area (e.g. podiatry, mental health).
- Primary care commissioning.

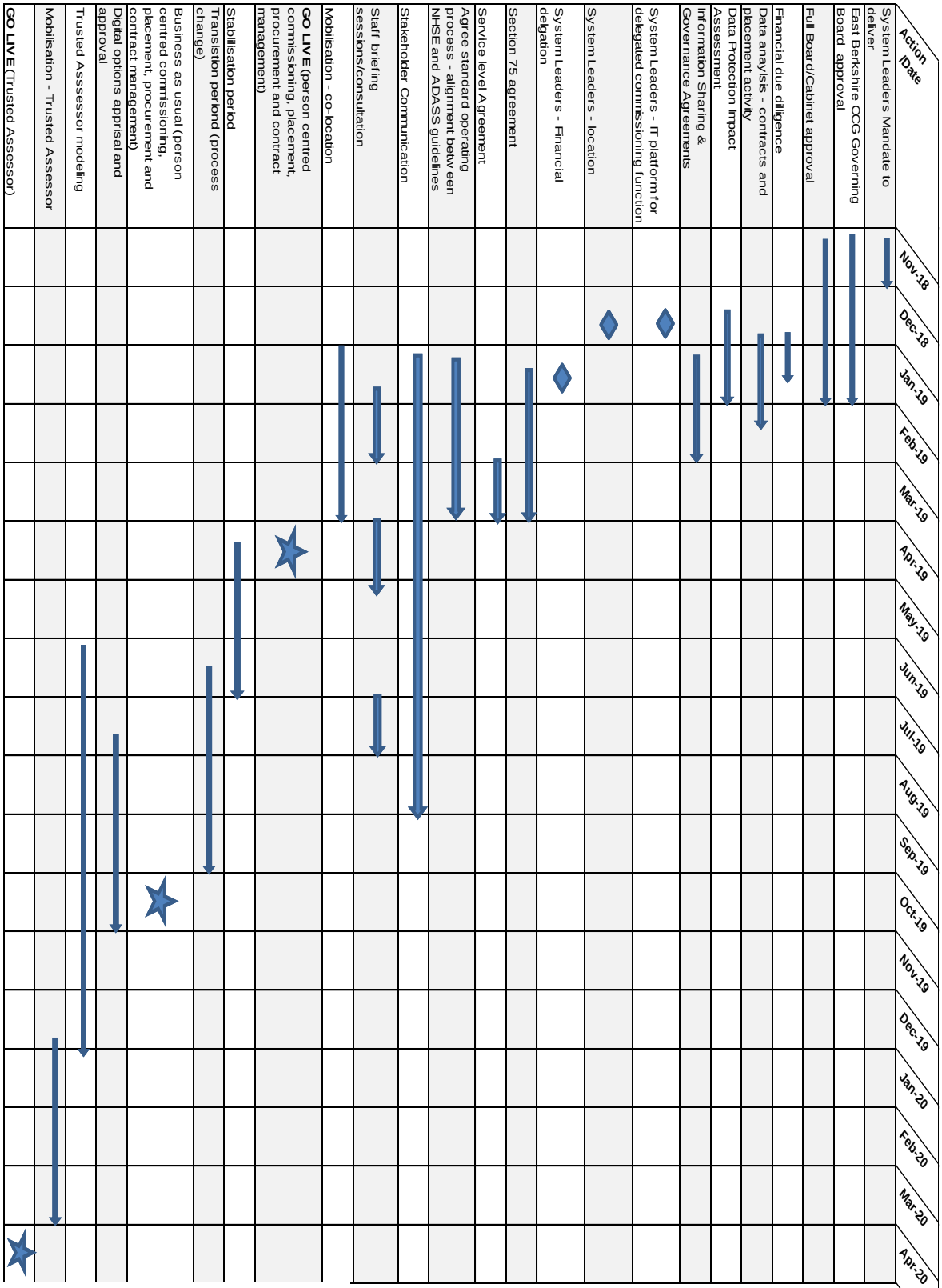
10. **Programme delivery and approach:** If the proposal is approved, there is a need to have in place a structured and tightly managed process to navigate safely to a new arrangement. The period November to December 2018, the CHC Project Group would seek agreement from the System Leaders and East Berkshire CCG Governing Body on the proposal, with subsequent agreement from Cabinet bodies across East Berkshire.

A target date of **1st April 2019** has been identified as the "go live date" for Phase One. The period between December 18 and March 2019 would be used to make critical decisions on the infrastructure required to deliver the programme of work

and to work through all the details to ensure key stakeholders are assured with the new model and it's operation.

A high-level programme delivery plan has been drafted and is shown on the next page (extracted from detail project plan). The full project plan is maintained by the CHC Project Group; timelines are subject to change in line with the risks outlined in the section "Risk Management". Updates will be provided to the System Leaders on progress against the plan and risk register.

High Level Project Plan



10.1. **Proposed Governance Structure:** The proposed governance is illustrated in Figure Two. This is embedded through the section 75 agreement between East Berkshire CCG and respective Local Authority Partners (Slough, Bracknell and Optalis on behalf of Royal Borough of Windsor and Maidenhead). The Service will be actively monitored by the Partnership Management Group (PMG) as detailed below and reported on a routine basis to the East Berkshire System Leaders Board. Annual reports on progress would be reported to the Clinical Executive and to the Health and Wellbeing Boards for all three authorities.

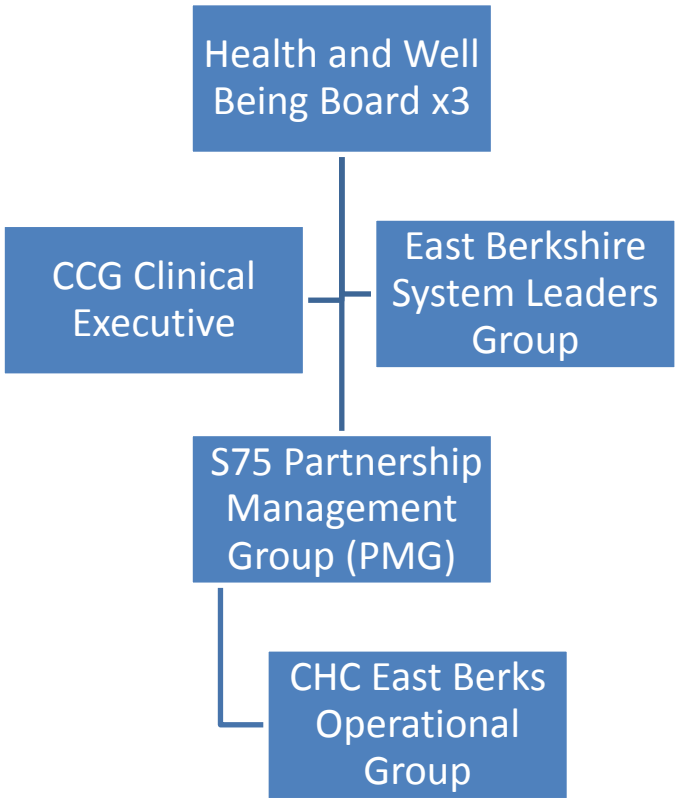
10.2. **Membership :** To be quorate and in order for the CCG to carry out its statutory duties: membership of the Performance Management Group will at a minimum entail:

- Director of Strategy & Operations (East Berkshire CCG)
- Director of Nursing (East Berkshire CCG)
- Deputy Director of Finance (East Berkshire CCG)
- Director of Adult Social Care x 3

10.3. **Role of the Performance Management Group**: The Performance Management Group would be responsible for

- Reviewing and approving the activity and finances associated with the service and reporting to the Executive any material under/overspends.
- Approving any action plans to address performance and financial concerns.
- Approving any investment priorities in line with transformation and digital infrastructure required for the service.
- Ratifying information on finance, performance, decision making and changes to the arrangements to enable it to be accessed by as wide an audience as possible.

Figure Two: Proposed Governance Structure



10.4. **Communication**: communication activities will be in place to support effective engagement of stakeholders and staff to ensure the service is implemented from April 2019. The Communication Plan will be developed jointly by the CCG and local authorities and updated at the CHC Project Team meetings on a monthly basis.

10.5. **Staff engagement and consultation**: Approximately 31 FTE staff from the CCG would be co-located with local authority staff to streamline the commissioning and care management of services. It is anticipated that no formal consultation is required at this stage; but further discussions are required with HR understand the implications of this proposal. In any case, staff engagement would commence from January 2019. Plans would be put in place to factor in any new training requirements and cultural change beyond the life of this project.

Part Two:

Delegating person centred Commissioning, Placement, Procurement and Contract Management to Slough Adult Social Care Commissioning & Transformation Team

11. **Introduction:** this section builds upon the Indicative Business Case presented to System Leaders Group 17th July 2018 which outlined the delegation of CHC commissioning, placement, procurement and contract management function to Slough Borough Council under a Section 75 Agreement. This proposal will build upon the strong foundations already in place and the ability to already build on the partnership arrangements that exits to create a stronger, more sustainable vehicle to secure the best outcomes for East Berkshire.

12. **Drivers for delegating functions:**

12.1. **Personalised care & provider management**: To achieve the outcomes from the ICS, the delegation of CHC commissioning with local council commissioning, would allow for consistent market shaping against common objectives for the population across East Berkshire without the complication of fragmented budgets and conflicting outcomes. The impact of this proposal would deliver increased flexibility; support improvement in quality of care and reduce duplication. By integrating the resources, Providers can personalise interventions and respond faster to change.

12.2. **Resource management**: The absence of an integrated commissioning strategy and plan is highlighted by recent ICS market analysis; this shows considerable variation in pricing across the Frimley footprint with East Berkshire CCG paying more than local authorities. Although this may be due to higher needs, there is a case for more integrated working to better manage the market and the pricing variation. Moreover the CHC Care Home Analysis shows that across the health and social care market, there is an over reliance on a few Providers; who in turn are overly dependent upon the public sector. This raises some concerns around market sustainability. In addition to reliance on a handful of providers, a significant proportion of activity is carried out through 'spot purchasing' and with small independent providers. Through integrated commissioning and procurement, activity there is an opportunity to

deliver alternative models of care that offers increased choice, quality, and value for money and reduces potential risks by way of a wider pool of quality assured providers.

12.3. **Management of commercial activity:** The local Health and Social Care economy face challenging financial targets within an increasingly volatile market and increased complexity service user needs. To address the commissioning gaps and improve outcomes for Service Users, it is vital that commissioning is completed at scale and opportunities to embrace the digital innovation are fully embraced.

12.4. **Financial management:** East Berkshire CCG currently commission close to £32 million CHC care packages from approximately 218 external providers, mainly through spot purchase style contracts. In addition a further £7million is spent on Sec 117 for approximately 145 residents with 78 unique providers; although there are a number of packages in place without a contract. This combined spend creates opportunities for a new platform of integrated and personalised commissioning model.

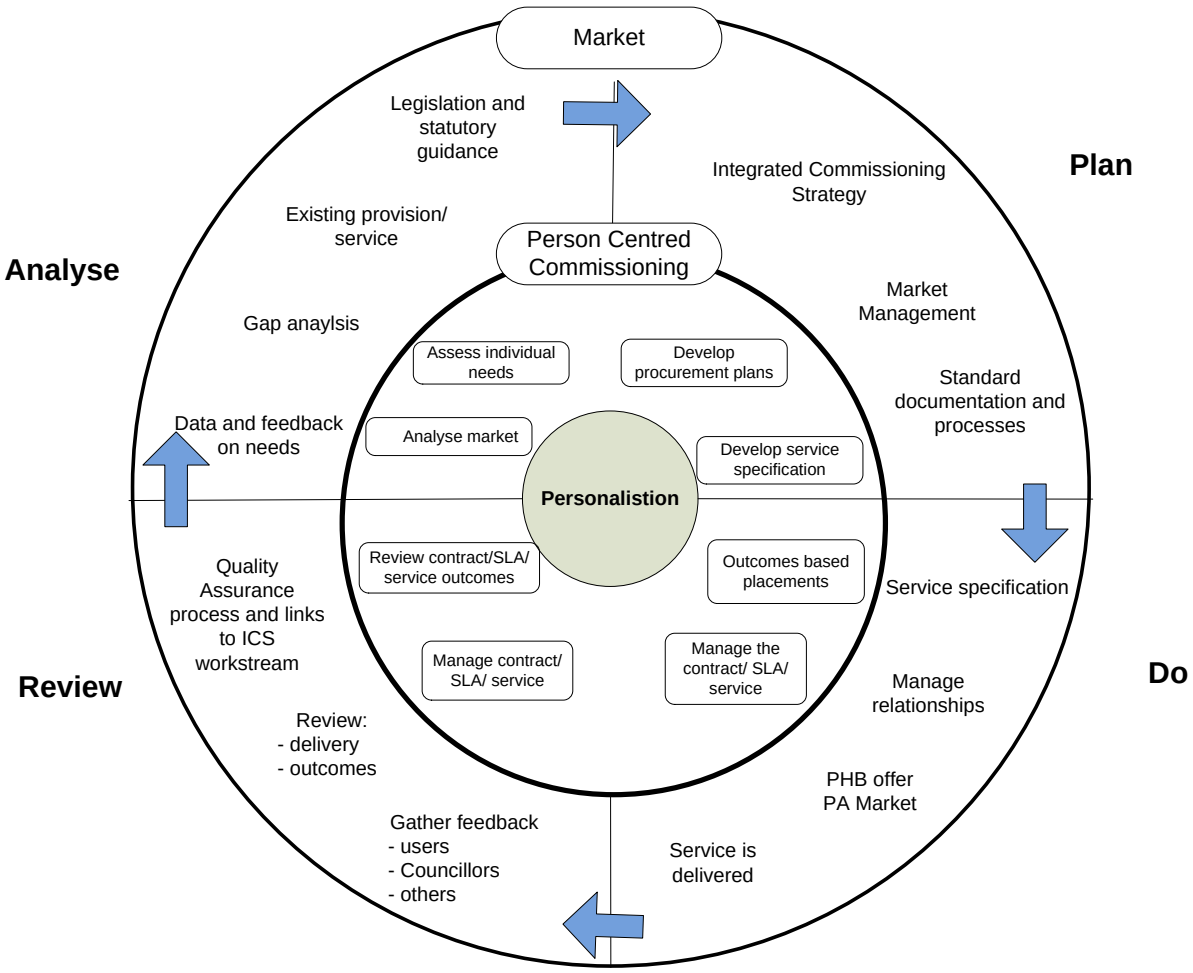
13. **Scope of service:** the proposed commissioning, placement, procurement and contract management scope for Slough Borough Council include:

Scheme of delegation for high cost care packages.

- CHC/FNC/Sec. 117 commissioning, brokerage and care purchasing.
- CHC/FNC/Sec. 117 contract management functions and processes.
- Financial control and reporting with invoice validation with payments to be made through Slough Borough Council's payment system.
- Integrated Commissioning Strategy and market management.
- Statutory returns and performance reporting.
- Provision of joint training and development to the East Berks health and social care workforce.

14. **<u>Delegated commissioning model:</u>** The commissioning team would be hosted at Slough Borough Council and sit along with the Commissioning and Transformation Department, and form part of a wider pool of commissioners, placement officers, contract officers and supplier relationship officers; to offer the full spectrum of person centred commissioning as illustrated in Figure Three.

Figure Three: Delegated commissioning model



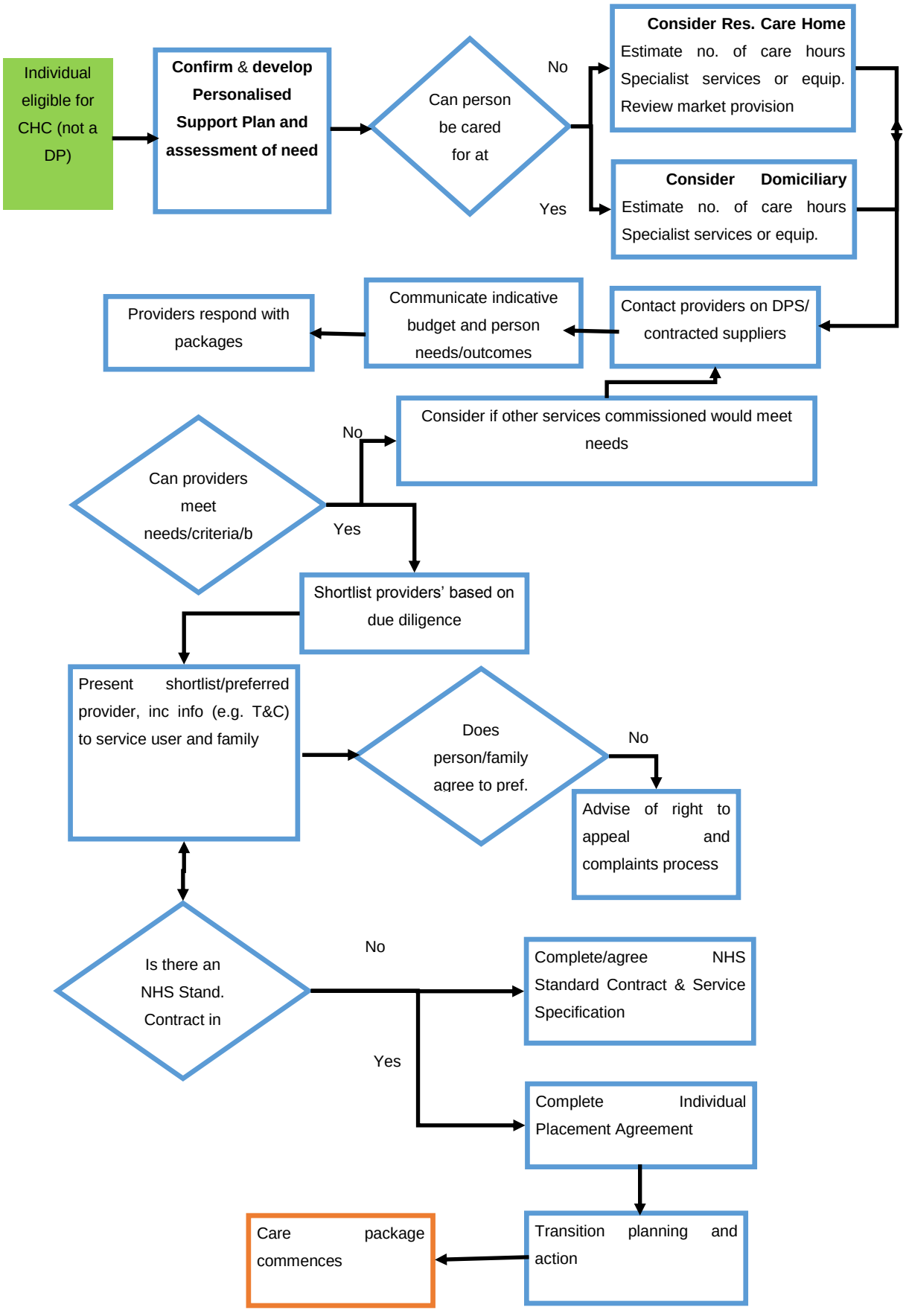
15. **Objectives:** The objectives for the delegated service are to

- Improve the efficiency of identified appropriate placements across East Berkshire for CHC patients.
- Procure and commission services that provide better value and target efficiencies where they could be achieved.
- Ensure robust governance, providing assurance that CHC is fit for purpose with risks and operational performance managed.
- Work in partnership with health and social care to increase the value of service, making the system sustainable.
- Improve the quality of services so that they are safe, with patients and carers having excellent experiences and achieving outcomes they want.
- Identify individuals who would benefit from a PHB.

16. **Core Activities:**

- Arrange care packages for service users eligible for CHC in accordance with procurement and commissioning policies (spot or block) (see Figure Four – placement process).
- Data management: ensuring funding agreements for care is in place and providers are supported by risk assessments and care plans.
- Checking and validating invoices, maintaining records of payment and approvals.
- Develop a standard operating policy for commissioning, placements and PHB.
- Contribute to JSNA, and other in-depth analysis to inform wider commissioning decisions.
- Managing performance, financial monitoring and participating in relevant audits/inspections.
- Reviewing services- risk based approach to contract monitoring and feeding into local and regional quality assurance processes.
- Seeking service user feedback, carer feedback and stakeholder engagement when required.
- Designing services through co-production.
- Planning capacity and shaping the market through provider engagement.

Figure Four: Placement process



Part THREE: An Integrated Care and Assessment Model

17. **Statement of Intent:** Bracknell Forest Council will lead the work with the East Berkshire CCG, local authority partners, patients, customers and stakeholders to co-produce a Trusted Assessor model that supports the delivery of a more person centred and strengths based approach to continuing health care (CHC) assessment and case management. This aims to make the very best use of the collective strengths, skills and resources that are available across the local system of care in East Berkshire to deliver a better experience and outcomes for patients with significant continuing health care and mental health aftercare needs**.**

18. **Introduction:** There is substantial evidence that more personalised health and care for people with continuing health care needs delivers better outcomes, higher satisfaction levels and is often more cost effective. The NHS Mandate places a duty on Clinical Commissioning Groups to offer Personal Health Budgets (PHB) to patients as part of the national policy to make health and care services more person centred. The NHS has made a commitment to deliver between 50,000 to 100,000 PHBs by 2020 and local targets have been agreed with each CCG.

18.1. The use of personal health budgets and direct payments puts patients directly in control of their care and potentially opens up a wider range of community delivered health and care options that can be purchased directly in the local care market. For example people can use their personal health budget to directly employ a health care assistant or to fund established care arrangements rather than have to give these up if they become eligible for NHS funded continuing health care.

18.2. Trusted Assessor schemes are widely recognised as an essential element of best practice in reducing delayed transfers of care. The implementation of these schemes is one of the essential changes recommended in the high impact change model developed by the LGA and NHSI and is a key priority for local health and care systems set out in the Next Step on the Five Year Forward View.

19. **A Vision for an Integrated Assessment and Case Management Model In East Berkshire:** Most trusted assessor schemes have been developed around hospital discharge pathways with the goal of reducing delayed transfers of care. The vision for a trusted assessor model in East Berkshire is far more ambitious and seeks to develop an integrated assessment and care management operating model that is genuinely person centred and strengths based, that radically transforms the way continuing health care is currently operated, commissioned and provided.

The aim is to create a blueprint for best practice integrated working, operational processes and systems that will consistently deliver the very best customer experience, safe and well managed care and enable people to get on with their lives and be as independent as possible. The ambition also includes establishing personal health budgets and digital channels as the first choice option for accessing, purchasing and arranging community delivered continuing health care.

This proposal recognises that the quality of the conversation and way in which the benefits of personal health budgets and the direct payment option are introduced in the assessment and planning process is critical to removing the historical barriers to the promotion and uptake of this option.

20. **Drivers for integration:**

20.1. **Performance Management**: - The NHS Berkshire CHC service is reporting non-achievement of the national targets at Quarter 2, 2018-19

20.2. **Management Information and Reporting** – The are significant issues with current management information systems and reporting.

20.3. **Workforce capacity, recruitment and retention**: The current CHC model is reliant on the use of qualified nurses for many of the operational functions. There are currently a high number of vacancies in the existing CHC team and the day-to-day management and operation of the service is heavily dependent on interims and locum staff. There is a national shortage of qualified nurses and the East Berkshire labour market is particularly challenging because of the current high levels of employment and demand particularly from NHS providers, for qualified nursing staff in the region.

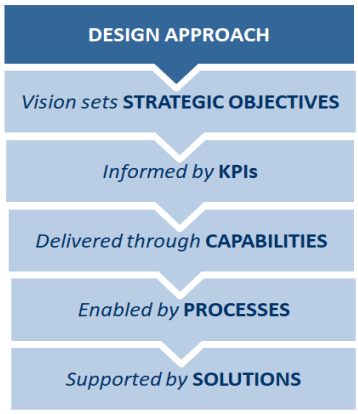
20.4. **Recovery and turnaround:** - The CCG is implementing a recovery plan that seeks to address the immediate operational and performance issues by April 2019. The aim is to stablise the current operation so managers and staff are in a position to be able to engage in the co-production of a new and more integrated operating model and customer journey.

21. **Aims:**

- Design a CHC operating model and organisation that delivers a more person centred experience and better outcomes for patients
- Establish a multi-disciplinary and multi-skilled workforce that reduces some of the current dependencies and pressures on clinical professionals
- Develop more streamlined and integrated CHC pathways and improve patient flows
- Meet the health responsibilities and requirements of the 2017 National Framework including the 28 day target for assessment and CHC eligibility decisions
- Meet the health requirements of the local s117 aftercare policy,
- Offer and deliver a Personal Health Budgets service
- Offer and deliver Court of Protection/DOLS and Capacity services

22. **Operating Model Design Approach**

A systematic approach will be used to co-design an integrated operating model that includes the following design elements and process steps:



22.1. **Key Design Principles**

The following sets out some initial suggestions for design principles that will be used to inform and co-produce the new operating model. These will be further developed and refined through the design process. The proposed co-production approach will seek to engage and involve patients, staff and partners at each stage and as part of quality assurance arrangements. This will ensure that the new model is fit for purpose and delivers the expected outcomes and scale of ambition:

- Staff, patients, carers, and partners are directly involved in developing the new operating model for assessment and case management
- Rigorous and systematic approach to constructively challenge current ways of working and behaviours in a supportive way that helps to determine what things work well, what needs to be done differently and what should be stopped
- Strengths and assets based ‘conversations’ approach to assessment that puts the patients at the centre of the process that places equal value on their knowledge, skills and expertise in the same way as other professionals involved
- Personalised approach to care planning and case management that puts the patient in control of how and where their continuing health care needs are met
- Patients only have to tell their story once

- Multi-disciplinary approach that makes the best use of staff skills and professional specialisms
- Utilise recent needs assessment and care management information where this exists and avoid any duplication
- Learn from examples of best practice and apply these in the development of the new operating model
- First choice digital – The use of digital technology to support a better understanding of the process, improve the responsiveness of the service, quality of the customer experience and connect people to a wide range of care options in the marketplace

22.2. **Requirement and Features**

The co-production process will systematically review all aspects of the current operating model and will consider the following aspects as part of the development of the integrated assessment and case management future operating model design:

Element	**Design Considerations And Features**
Assessment and Case Management Service Hosting arrangements	• Local authority hosted service with delegated authority under a section 75 agreement • Staff retain existing employer and terms and conditions • Supporting functions are located in a central team base (ideally co-located with commissioning/brokerage team) • Assessment and care management teams have a local presence and are based in locality hubs and touchdown spaces in each local authority co-located Adult Social Care operations teams
Leadership and management	• Partnership management group is jointly accountable for the operation and performance of the CHC service • CHC head of service reports to the CHC partnership management group • Clinical governance overseen by the CCG
People and capabilities	• The CHC service will promote multi-disciplinary working and the team will include a mix of qualified nursing and social care practitioners. • CHC duty team will be a multi-disciplinary function • An assessment coordination role will be responsible for administering the assessment process and overseeing the collection of advice. • All non-clinical staff will be trained to undertake all CHC

Element	Design Considerations And Features
	functions that do not require direct input from a qualified nurse assessor e.g. assessment co-ordination and administration, ongoing monitoring of care needs and effectiveness of the care package in meeting the persons care plan outcomes • All staff are trained on all aspects of the CHC process and are able to provide information and advice on this as part of the CHC offer to patients, carers and other stakeholder • The CHC team provide training and support on the CHC referral processes to local care providers • FNC funding requests are reviewed and initially approved by a nurse assessor
Initial contact and front door	• The core CHC service offer includes a comprehensive information and advice service to make it much easier and quicker for health and care practitioners, providers and individuals to determine eligibility and where appropriate access NHS funded continuing health care and funded nursing care • A CHC duty team will oversee the referral process and provide support where necessary to make an application for CHC
CHC Checklist	• Training of social care staff to undertake checklist screening and remove the dependence on nurse assessors to perform this function
Hospital discharge pathway and discharge to assess provision	• The CHC checklist process will provide the gateway to short-term discharge to assess provision • Use of short-term discharge to assess placements to reduce the risk of delayed discharges and enable more CHC assessments for complex care to be conducted out of hospital
Assessment	• Multi-disciplinary team will oversee the end-to-end assessment process and will assign an assessment coordinator and care manager if the person is eligible for CHC funded support • Information on personal health budgets and direct payments will be discussed during the assessment process, particularly if there is a likelihood and preference that any eligible CHC needs can be met in the community. • Decision on which role/organisation is best placed to undertake on-going case management responsibilities will be determined and agreed as part of the assessment process • A more holistic and integrated assessment will be developed so this can be used by other teams to plan how health and care needs will be met if the person is not eligible for CHC funded care
Planning and arranging care	• Direct payment advice and support for the patient to be able to directly purchase community CHC provision in the local market using a PHB marketplace platform to connect people to personal assistants and services

Element	Design Considerations And Features
	• Hand-offs to CHC brokerage to work with the person to identify and arrange a commissioned service that best meets there assessed needs
Case Management	• The CHC team will be responsible for case management of all CHC care packages that are fully funded by the CCG and where there are no alternative care management arrangements in place • Ongoing case management responsibilities could be undertaken by a social care practitioner • The CHC case manager will coordinate the regular review of all CHC and FNC care packages
Systems and technology solutions	• Online CHC checklist and referral management solution • Single integrated Cloudbased CHC assessment and care management solution to support workflow, communication and information sharing e.g. building on Connected Care and Careflow ICS initiatives • CHC care calculator/ integrated assessment and resource allocation toolset • Digital marketplace platform to connect people to a range of continuing care options

Key pathways and functions included in the scope of the CHC integrated assessment and case management model:

23. **<u>In scope</u>**

- Acute: Hospital discharge
- Non-Acute (Adult physical and sensory disabilities; Adult learning disabilities, Adult mental health)
- Any residual activity in relation to Retrospective Reviews (Previously unassessed periods of care: PUPOC)
- Funded Nursing Care
- Mental Health Section 117 Aftercare
- Young people transitioning from Children's to Adults health and care services

24. **<u>Out of scope pathways</u>**

- Children (currently managed by BHFT)
- Fast-Track – End-of-Life pathway

25. **Key Operation functions and processes**

Core Process	Supporting Processes
Referral and application process	• CHC and PHB information and advice • Consent to proceed with the assessment; best interest assessment • Court of protection applications
Assessment and Verification	• Checklist screening, review, quality assurance and approval to proceed • Implementation of hospital discharge to assess process • Assessment coordination and administration • Decision support tool (DST) information and advice collection • Multi-disciplinary team meeting scheduling, planning and administration • Personal Health Budget care needs calculation • Funded nursing care needs assessment and funding decisions • Eligibility and CHC; S117 funding decisions; decision verification and implementation of agreed policies on funding contributions • Management of PUPoC Retrospective Claims • Provide input to the transition planning process for young people who may be eligible for adult CHC funding when they are 18
Quality management	• Customer complaints and disputes process administration • Independent review panel administration
Plan and arrange care	• Endorsement of high cost packages of care in accordance with the agreed Governance Arrangements to be defined in the scheme of delegation • Care and support planning • Personal health budget direct payment advice and support • Brokerage liaison
Case management and review	• Case management arrangement for CCG fully funded care packages • Regular review of all CHC and S117 care packages (at least annually or as required)
Business intelligence	• Operational quality and performance monitoring and data management • Customer and patient insight
Training and development	• Provision of CHC training and development to the East Berks health and social care workforce

26. Suggested Design And Implementation Approach

The design and implementation approach will be developed and managed using best practice co-production and project management methodologies and tools.

This proposal suggests the following four stage approach to design, develop and implement an operating model that will achieve the vision for how continuing health care assessment and case management will be delivered in the future:

1. Discovery Stage: Estimated duration 2 months – Collect and analyse information on the current service to build a comprehensive picture of what 'as is' looks like. Plan and conduct a series of staff engagement and listening workshops to understand and learn from the current ways of working and develop and shape ideas about how the service could operate in the future. Involve patients and other stakeholder in a series of customer voice workshops to understand what is important to them when using the service and what things help to make a good experience and deliver better outcomes for them. Define a shared vision for the future operating model. Develop and sign-off of the Design Stage plan and resources to deliver this.

2. Design Stage: Estimated Duration 2 months - Use the information and insight gathered through the discovery stage to design an operating model, organisation and role structures; define the capabilities required to operate this and the systems and processes to support this. Produce a service specification that describes the service offer, delivery requirements, performance and quality indicators and management reporting. Produce an operating model design blueprint that describes in detail each component of the model and how this will operate to deliver the service specification. Develop and sign-off of the Development Stage plan and resources to deliver this.

3. Development Stage: Estimated Duration 6-12 months – Develop the new structures, processes and systems to implement the new operation model. Develop the operating and partnership agreements to support the implementation and operation of the new model. Adjust policies where necessary and develop standard

operating procedures. This stage will also include the HR change management process, identification of team base and touchdown sites and procurement and purchasing requirements. Develop and sign-off of the implementation plan and resources to deliver this.

4. Delivery Stage: Estimated Duration 2 months – Implement the new organisation structure and role design; formal staff consultation where applicable; configure, test and implement new systems and IT and comms kit and fit out team bases ready for go-live. Go-live plan and new service launch. Implement communication plan. Conduct post-go-live review and lessons learnt review. Set up benefits monitoring and evaluation arrangements post-project close. Close project.

This implementation approach assumes that the discovery stage will start no later than April 2019 with an estimated go-live of April 2020.

This proposal has been developed with limited opportunity for wider staff engagement so may change once the discovery stage has been completed. The approach provides an indicative timeline but this may also be subject to change once further discussion has taken place. A detail project initiation document and project plan will be produced subject to approval of this proposal and will set out in detail the resources and inputs required to deliver this proposal.

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PART FOUR: Key decisions, risks and recommendations

27. **Key decisions to be made by System Leaders:**

Decision Ref	Detail	Actions
DR01	**Co-location base** A decision on location is required in order to make progress against the plan to deliver an revised service for the new financial year. This should ensure any cost associated with the move is a one off; thereby mitigating multiple moves and duplication in effort around the infrastructure work required. Early identification would allow for increase dialogue with the CHC team and social care team across the East and significantly improve the transformation and cultural change required to achieve the desired outcomes of the project. This is intrinsically linked to the IT infrastructure work stream, finance work stream and resources work stream. A decision on the location is required as the N3 network infrastructure has an approximate 100 day turnaround	To date the Project Group identified possible locations in Slough and Bracknell and have scored potential sites against the operational requirements identified by the CHC team. The following options are considered: • Slough new HQ • Bracknell Forest HQ • NHS identified building • CHC functions to be co-located with delegated authority (both SBC and BFC) An options appraisal would be submitted to System Leaders December 2018 with recommendations. System Leaders are requested to endorse any recommendations and associated costs
DR02	**Information Governance: digital infrastructure for the integrated service** Outcomes of the integrated commissioning, procurement and contract monitoring aspect requires a shared IT platform. This is to allow for joint commissioning of CHC/Sec. 117 placements based on support plans authorised by clinical teams. Stand alone systems will have a negative impact in cases where there is joint funding; could impede the following	CHC IT Workstream has met and have articulated four options to create an integrated IT platform. These options have been circulated to respective Information Governance & Technical Infrastructure

Decision Ref	Detail	Actions
	• Controlling the cost of system delivery; avoid replication and duplication across the system • Sharing of system risk and opportunities across the ICS • Joint investment decisions • Developing and motoring a revised regulatory approach that meets the needs of both health and social care. • Assertively moderate demand growth; service availability gaps and plan across the three council areas	leads for comment and feedback. An options appraisal would be submitted to System Leaders December 2018 with recommendations. System Leaders are requested to endorse any recommendations associated costs.
DR03	**<u>Scheme of financial delegation</u>** Scheme of financial delegation is required in order to provide a seamless service to residents in East Berkshire. Delegating high cost care packages would help improve turnaround times for invoice validation and payment as well as performance against the 28 day target. A number of factors need to be considered, such as the impact on budgets, the SBS contract and the role of the East Berkshire Performance Management Group. This would also directly help shape the Sec 75 agreement and the Joint Standard Operating Process	CHC/Sec. 117 Project Group to map out the process and decision points for discussion at the Jan 2019 System Leaders meeting
DR04	**Governance Structure** A governance structure is required to monitor the performance of the integrated CHC service, as proposed in Figure One, above. Approval is required from System Leaders for the proposed structure, or outline brief for an alternative governance structure.	See Section Proposed Governance Structure. System Leaders are requested to approve.
DR05	**<u>Organisational Structure</u>** Approval is required from System Leaders for the proposed structure. - consolidating the currently separate Referral Team and Case Management/Review Team into one larger nurse team. The intent is to give more flexibility and resilience against staff changes, plus increases skills of all nurses.	System Leaders are requested to provide a steer on the organisational structure.

Decision Ref	Detail	Actions
	- agreement from CCG to re-purposing vacant Nurse Manager post to second in a social work manager - agreement from BFC, Slough and RBWM Directors to secondment of social workers. Or System Leaders to provide outline brief for an alternative service structure.	

28. **Interdependencies:** A number of key work streams are underway to help shape the future of integrated care management and commissioning across the east. These are:

- End of life service: NHSE and East Berkshire CCG are exploring alternative solutions for the provision of Fast Track end of life service. This proposal excludes end of life CHC services with the assumption that the newly commissioned service will go live April 2019.
- High Risk Care package review: East Berkshire CCG are currently reviewing high risk care packages for both CHC and Sec. 117, it is assumed this project will be completed by March 2019.
- Operational Recovery Plan: A number of assessment, financial payments and reviews and retrospective cases are outstanding. The CCG have invested significant resources to ensure the service is stable and up to date prior to any transition.
- PHB Pilot: PHB pilot is currently underway with Bracknell Forest Council since August 2017, whilst Slough has been part of the Sec. 117 & LD PHB National Development Programme since October 2018, the learning from both projects to be shared with an agreed future mode of delivery.

29. **Risk Management** System Leaders are requested to acknowledge the high level nature of this business case and to note the risk and issue management process in place. The Table below provides an overview of the

Risk No.	Risk Detail	Mitigating Actions	RAG
R01	Failure to deliver due to a lack of ring fenced posts and resources to manage transition of service	Dedicated cross Partnership Project Team to be recruited to ensure timelines are met CCG budget allocated for transitional costs (i.e. network connections)	Amber
R02	Information Governance - impact on service in the event of absence of an appropriate IT infrastructure	IT Audit (systems and network) to be prioritised, Options paper to be produced for System Leaders December 2018 for decision	Amber
R03	Limited data leading to insufficient resourcing and poor process/pathways	Data request made, awaiting data and validation but unlikely in time for this paper	Red
R04	Insufficient budgets, resources allocated to the work programme and new model.	Financial data request made, awaiting information but unlikely in the time for this paper Options appraisal with provisional costings to be submitted to System Leaders in Dec 2018	Red
R05	Insufficient lead time to allow for necessary partnership consolidation and contracting arrangements	Current pace of progress may mean the Section 75 may not be	Amber

Risk No.	Risk Detail	Mitigating Actions	RAG
		ready until Feb 2019 Board. Legal advice required on whether current Sec 75 arrangements stand or if a stand alone is required.	
R06	Impact on workforce quality due to recruitment and retention issues	ICS workforce strategy Consultation with and monthly reports on progress	Amber
R07	Impact of lack of stakeholder engagement	Governance and stakeholder plan Regular reports and decisions communicated with System Leaders	Green

30. **Recommendations:** Members of the East Berkshire System Leaders and Local Authority Cabinet structure are requested to review this proposal to assure themselves that the contents are aligned with their expectations. In addition members are requested to consider the recommendations below:

30.1.1. Approve this proposal including the timelines, governance structures, risks and key decisions to be made.

30.1.2. Support the continuation of the Integrated CHC and Sec. 117 programme, so that any new risks or decisions continue in line with the programme plan.

30.1.3. Provide the appropriate support and resources to support delivery of the programme.

30.1.4. Delegate the CHC commissioning budget through a Section 75 Agreement to Slough Adult Social Care.