

- Other Chief Officers
- District Councils
- Health Authority
- Police
- Other Bodies/Individuals Janet Purcell, Cabinet Manager (OR)
Michelle McHugh, O&S Manager

FINAL DECISION YES/NO

SUGGESTED NEXT STEPS:

Details to be specified

- Further consideration by this Committee
- To Council
- To Cabinet
- To an O & S Committee
- To an Area Committee
- Further Consultation

Adult Social Care & Health O&S – 22nd June 2011

Warwickshire Health & Social Care – Draft Concordat

Recommendation

1. It is recommended that the committee supports the Warwickshire Health & Social Care Concordat attached at appendix A to this report.

1. Background

- 1.1 As part of continued work to increase integration and joint working across the health and social care economy the Strategic Health Authority (SHA) requires local authorities and Primary Care Trusts to develop and agree a concordat of operation. The purpose of the concordat is to provide the framework of operation which sets out the principles of co-operation and joint working across social care and health agencies. The concordat seeks to reaffirm the strategic commitment to partnership working building upon a single vision for health and social care in Warwickshire and specifically the delivery of integrated activity between the County Council and NHS Warwickshire.
- 1.2 The development of the concordat is a key document which will support the development of new working arrangements and the shift to new structures in light of the Governments white paper “Liberating the NHS” and will act as a set of guiding principles as we move to GP Consortia and alternative models of commissioning. Specifically, the Concordat framework will be supported by key documents detailing financial arrangements in prescribed transactions such as the transfer of funding from NHS to Adult Social Care; and operational plans such as the Reablement schedule agreed by health and social care professionals. Both documents are appended to the Concordat for easy reference

2. Information & Advice

- 2.1 The draft version of the Concordat attached at appendix A to this report has been developed in partnership between Warwickshire County Council and NHS Warwickshire. It is not intended to be a static document and will instead evolve over time as our areas of work and responsibilities develop and change. In the first instance there is a clear focus upon those issues which are currently live in terms of activity, particularly around reablement, continuing healthcare and mental health services.

2.2 The concordat as a document is structured to provide details around the following areas:

- The principles of our partnership
- Our joint vision
- Our commissioning principles
- Measuring our progress
- Governance Structures
- Our programme of work

The concordat will act as the framework of operation which governs the use of resources transferred from NHSW to the local authority as part of the reablement, winter pressures and carers activity identified as sitting within adult social care. The total value of the funding to be transferred to adult social care in 2011/12 is £6M and although the use for this resource is not ringfenced there are clear expectations around its allocation to support both increased delivery of reablement and to offset the severity of cuts subsequent to the local government settlement.

2.3 From a reablement perspective, recurring funding resources are to be transferred from NHSW to allow for the provision of post discharge support to:

- Prevent avoidable hospital or long term care admissions
- Facilitate seamless care for patients on discharge from hospital

In addition to this there will also be funding transferred on a non-recurring basis for winter pressures activity undertaken by adult social care services which are also to the benefit of the health sector. The use of winter pressure funding is not specified on a national basis but guidance advised that they could be used for:

- Short stay residential care places
- Residential respite care
- Intermediate care
- Home care support
- Equipment
- Adaptations
- Telecare
- Crisis response teams
- Preventative services (preventing unnecessary hospital admission)
- Reablement

The approach in Warwickshire has been to align the funding due to be transferred from NHSW to our strategy around Supporting Independence (Prevention) as approved by Cabinet in June this year.

2.4 Governance of the delivery around integrated and joint commissioning or services will be critical to the success of future partnership working at both a strategic and operational level.

For this reason the concordat seeks to express the arrangements that will be put in place to ensure transparent decision making, effective engagement and clarity of purpose. As our new structures and arrangements continue to emerge following further announcements around the future direction of changes to the health and social care landscape we will continue to revisit our governance framework to ensure that it remains fit for purpose.

3. Recommendation

- 3.1 It is recommended that the committee supports the Warwickshire Health & Social Care Concordat attached at appendix A to this report.

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Head(s) of Service:

Not applicable

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Portfolio Holder(s):

Cllr Mrs Seccombe

Warwickshire Health and Social Care

DRAFT Concordat

This concordat provides a framework for co operation between agencies concerned with Health and Social Care services. The Concordat reaffirms a high level commitment to developing a single vision for Warwickshire in the delivery of integrated working between Warwickshire County Council (WCC) and NHS Warwickshire (NHSW).

In the first instance it covers areas of both provision and commissioning for reablement, continuing healthcare and mental health however, as detailed in the work programme, this will expand to cover a greater number of areas.

This document will cover the following:

- The principles of our partnership
- Our joint vision
- Our commissioning principles
- Measuring our progress
- Governance Structures
- Our programme of work

In addition to this document, specific arrangements will be further detailed in Section 75, Section 256, and Board terms of reference.

The principles of our partnership

- Culture – the partnership should actively work to enable each individual to:
 - Understand and respect differences across partnership individuals and organisations
 - Commit to spending time to build and maintain relationships
 - Believe that they are willing and valued partners.
- Strategy – the partnership needs to implement its mission and vision via a clear strategy informed by local communities and other stakeholders which focuses on:
 - Strategic development to agree priorities and define outcome targets
 - Sharing information and evaluation of progress and achievements.
- Learning – partner organisations need to attract, manage and develop people to realise their full knowledge and potential by:
 - Valuing people as a primary resource
 - Development and application of knowledge and skills
 - Supporting innovation.
- Leadership – effective leadership involves:
 - Developing an communicating a shared vision
 - Embodying and promoting ownership of and commitment to the partnership and its goals

- Being alert to factors and relationships in the external environment that might affect the partnership.
- Organisation – clear and effective systems needed for:
 - Public participation in partnership processes and decision-making
 - Flexibility in working arrangements
 - Transparent and effective management of the partnership
 - Communication in ways and at times that can be clearly understood, interpreted and acted upon.
- Resources – the partnership needs an approach to the contribution and shared utilisation of resources, including:
 - Managing and pooling financial resources
 - Making information work
 - Using information and communication technology appropriately.
- Programmes – partners should seek to develop coordinated programmes and integrated services that fit together well. This requires:
 - Effort to realise added value from joint planning
 - Focused delivery
 - Regular monitoring and review.

By applying these principles of partnership NHSW and WCC are committing to early communication of issues relating to policy formation, proposals for change, and public announcements which have mutual interest such as financial impact on another party, performance impact or reputation damage/enhancement.

Each organisation will build into their procedures a default to consider the impact of proposals on Arden care system partners, and will maintain a central focus on the delivery of core outcomes of health gain for patients and health and well being of citizens.

Our joint vision

The Local Authority will be responsible for promoting integration and partnership working between the NHS, Social care, public health and other local services and strategies. The Concordat will support the implementation of this collaborative working and provide a framework for new NHS commissioning organisations to work with the Local Authority in the future.¹

The Concordat recognises the interdependency of the NHS and Social Care in delivering care that;

- Puts service users and the public first to ensure customers are able to exercise choice and control
- Focuses on improvement in quality and healthcare outcomes
- Delivers autonomy, accountability and democratic legitimacy
- Cuts the costs of bureaucracy and improves efficiency and focuses resources in the areas of greatest need

In Warwickshire the implementation of the commitments in the Concordat will mean

- Health and social care working together with the patient/individual at the centre of service delivery
- High quality services provided through collaborative joint commissioning and enhanced service integration to ensure care is joined up at the point of delivery
- Care provided to people at the right time and in the most appropriate setting
- Realising the efficiencies of working together through the reduction of duplication and unnecessary referrals to deliver streamlined pathways of care

Our commissioning principles

In order to effectively work together we will commission services using the following principles:

- Our commissioning intentions, joint or otherwise, will be firmly based on the JSNA and prioritised through mechanisms which ensure transparent decision making
- The solutions which we seek to address short and long term objectives will be evidence based and represent best practice
- Service users and the wider Warwickshire population will be at the centre of service design and be fully involved in the prioritisation of strategic objectives
- Where we seek to commission from the external market on a competitive basis we will engage with all providers when designing a new service so as to promote innovation and fair competition.
- The focus of commissioning activities will be on improving the health and wellbeing of the Warwickshire population and the experience of service users. We believe that by focussing on these elements, that financial efficiencies will follow and outcomes for customers will be maximised

¹ Requirement to cross reference with Health and Wellbeing Board ToR

- We will focus our interventions and service commissioning towards those with the greatest need but recognise the importance of developing community based solutions and access to modern and non traditional forms of support such as telecare/telehealth
- We will work jointly to ensure that patients and customers are able to access the right types of support and the right time in a way which maximises their independence
- Services will be designed to suit the majority of service users; however we recognise that there has to be flexibility for health and social care professionals to tailor pathways to meet the needs of individuals

Measuring our progress

Each of the individual areas of activity within our joint programme of work will have Key Performance Indicators (KPI's) developed and progress against these measures will be monitored by WCC and NHSW.

Both WCC and NHSW have a number of priorities which will be supported through partnership and we will therefore measure broader strategic goals to assess our progress. These include:

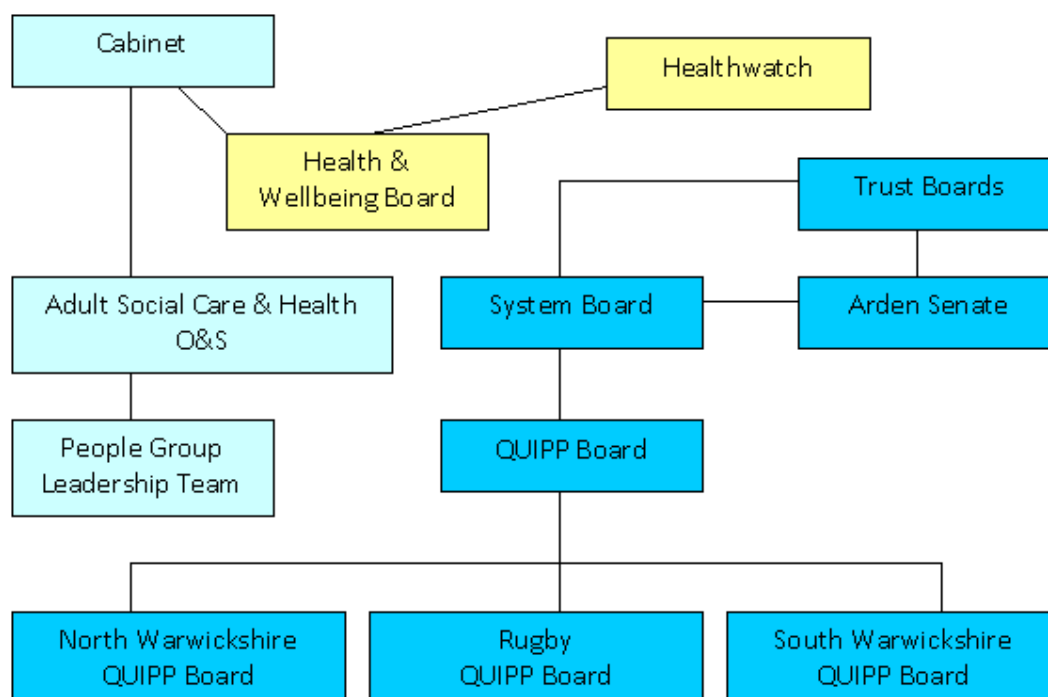
- Continuation and expansion of Family Nurse Partnerships
- Implementation of the National Autism Strategy
- Implementation of the Joint Dementia Strategy to deliver an Assured Pathway of Care from early intervention and diagnosis to end of life
- Make progress against 'Recognised, Valued and Supported: Next Steps for the Carers Strategy
- Implementation of the End of Life Strategy
- Development of community rehabilitation for Stroke Patients
- Increase in the number of Older People who remain at home 91 days following discharge from hospital into reablement/rehabilitation services
- Reduction in delayed transfers of care
- Increase in the proportion of people whose outcome measures are fully or partially achieved at completion of reablement
- Reduction on number of people entering residential care directly from hospital
- Completion of the review for offenders substance misuse services
- Increase choice and control for mental health service users
- Extend access to talking therapies for children and young people, older people, for people with severe and enduring mental health problems and for people with co-morbid mental and physical health long term conditions
- Increase in the proportion of adults in contact with secondary mental health services in paid employment
- Increase in the proportion of adults in contact with secondary mental health services living independently with or without support
- Successful handover of the statutory duties as set out in the statutory guidance 'Working together to Safeguard Children' to new organisations such as GP consortia
- Implementation of local action plan to deliver improved health and wellbeing of people with learning disabilities
- Increase in the proportion of adults with learning disabilities in paid employment and increase in the number living on their own or with their own family
- Completion of update and implementation to the 'Emotional Well Being and Mental Health Strategy' in order to improve children and young people's mental health

- Maintain and test plans to deliver effective response in an emergency situation. In addition to usual arrangements plans need to be made to meet any additional demands arising from the Olympics and Para-Olympics
- Successfully embed community physical activity initiatives for all ages alongside activity in schools for the 2012 Olympic Games through the implementation of 'Let's Get Moving.'
- Reduction in the number of fragility fractures in the elderly, especially women

Governance Structure

NHSW and WCC will be held to account for the delivery of its organisational objectives through its own governance structures and via the governance structure being implemented across the system. The System Board will bring together Chief Executives from the Local Authorities, NHS providers and Commissioners to ensure the system is working collaboratively and to manage risk across the system.

The following diagram illustrates the governance structure across the Arden care system:



Programme of Work

The programme of work to date has focused on both provision and commissioning for reablement, continuing healthcare and mental health. During 2011/12 these areas will be expanded to cover the following:

- Short stay residential
- Residential respite care
- Intermediate Care
- Home Care Support
- Equipment
- Adaptations
- Telecare/telehealth
- Crisis response teams
- Prevention of unnecessary hospital admission

The Commissioning Cycle

Both WCC and NHSW have their own commissioning cycles; whilst very similar they are not aligned in terms of timescales and implementation. Whilst many aspects of the cycles will need to be carried out as distinct mechanisms within each organisation, it is our intention to work together where possible so as to avoid duplication and to align timings in order to effectively manage the market, ensure economies of scale and reduce the potential for duplication.

Joint Commissioning

We currently have a number of joint commissioning arrangements between the two organisations. As NHSW transfers responsibility for commissioning to GP consortia it provides a timely opportunity to review, enhance and potentially expand these existing arrangements

Commissioning Support

As the Arden Cluster establishes the commissioning support unit to provide services for GP consortia, there is opportunity for services to be provided by WCC for health and social care. The two organisations will work closely together to identify where this is possible to facilitate economies of scale

Appendices

In support of this document two appendices will be developed to outline how NHSW and WCC will manage demand and resolve conflict.