Wokingham’s Adult Integrated Health and Social Care Governance Proposal

FOR CONSIDERATION BY
Health and Wellbeing Board on Thursday, 8 February 2018

WARD
None Specific;

DIRECTOR/ KEY OFFICER
Paul Senior, Interim Director of People Services, WBC and Katie Summers, Director of Operations, Wokingham CCG

<table>
<thead>
<tr>
<th>Health and Wellbeing Strategy priority/priorities most progressed through the report</th>
<th>This report meets all four priorities of the HWB Strategy</th>
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<tbody>
<tr>
<td>Priority 1 – Enabling and empowering resilient communities;</td>
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<td>Priority 2 – Promoting and supporting good mental health;</td>
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<td>Priority 3 – Reducing health inequalities in our Borough;</td>
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<td>Priority 4 – Delivering person-centred integrated services</td>
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| Key outcomes achieved against the Strategy priority/priorities | Progression and further strengthen Wokingham’s whole system approach through effective governance, with a clear understanding of the Commissioner/Provider relationship with the move to partnership working. The new enhanced Agreement will provide a robust contracting, commissioning and governance model that allows all Partners to work at the scale required to deliver integrated care for Wokingham’s population to advance all 4 key priorities. |

<table>
<thead>
<tr>
<th>Reason for consideration by Health and Wellbeing Board</th>
<th>The Board’s views and their support are considered to be critical to a successful progression.</th>
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<tbody>
<tr>
<td>What (if any) public engagement has been carried out?</td>
<td>None</td>
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<td>State the financial implications of the decision</td>
<td>None specifically</td>
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RECOMMENDATION
The Health and Wellbeing Board are asked for the support of the approach to enhance the Section 75 Partnership to include our Partners, Berkshire Healthcare Foundation Trust and Wokingham GP Alliance in order to progress the integration of adult health and social care services.
Wokingham residents need health, social care, housing and other public services to work seamlessly together to deliver high quality care, value for money and safe care. More joined up services will help Wokingham and the Berkshire West system improve the health and care of the local population.

Wokingham have been working on integrating adult health and social care through the Better Care Fund (BCF) since 2014 and have successfully been able to integrate urgent health and social care services during this time period which has led to maintaining performance on Delayed Transfers of Care (DToCs) and Non-Elective Admissions (NEAs) and placements for permanent residential care.

This proposal aims to build on our success in Wokingham to date through enhanced governance and link with the emerging Berkshire West Accountable Care System (ACS). It proposes to bolster the existing integration partnership through the first step of an Enhanced Section 75 Partnership Agreement.
1. **Background**

1.1 Across England, health and social care systems have been driven to integrate care as a means of improving quality and reducing costs, as well as mandated requirements. NHS England, contained within the Five Year Forward View and Next steps, have discussed developing New Models of Care e.g. integrated primary and acute care systems, multispecialty community providers, enhanced health in care homes, urgent and emergency care and acute care collaborations. There are a range of contractual models being discussed and implemented across England. We recognise the need to align our integration approach with the Berkshire West ACS, as a key locality focus for the Berkshire, Oxfordshire and Buckinghamshire (BOB) STP.

1.2 Although Berkshire West were not successful in 2013 to achieve Pioneer site status the framework and principle agreed in establishing integrated care continued and bolstered with the focus on running a BCF.

1.3 Wokingham has been successfully working as an integrated health and social care system since 2014 with success in achieving key performance metrics of DToC, 90 day reablement and admissions to care homes national targets. DToC performance continues to be over and above the target set; we are achieving the 3.5% acute hospital target and year to date monthly average delayed days are 280 a month, 10.5% less than 2016/17 (313 per month) and 12.5% less than 17/18 plan.

During 2017/18 NEA performance has been challenging with the NEA year to date monthly average being 1129 admissions, 5.3% higher than 16/17 monthly average of 1072 and 8% higher than NHS 2017/18 recalibrated baseline. This NEA performance mirrors the Berks West and National growth. Whilst we are not achieving the national NEA target it must be noted that our local NEA metric, monthly average NEA’s for over 70s with 13 targeted conditions, is 100 per month, 4.76% lower than the 16/17 monthly average of 105.

The Wokingham Integration Strategic Partnership (WISP) has overseen this integration and has brought together Wokingham Clinical Commissioning Group (CCG), Wokingham Borough Council (WBC), Berkshire Healthcare NHS Foundation Trust (BHFT) and GP Practices to deliver this work.

1.4 Although we celebrate these successes, over the past six months we have identified the need to further strengthen our whole system approach through effective governance, with a clear understanding of the Commissioner/Provider relationship. As such the Wokingham Commissioners (CCG and WBC) have been identifying the steps in order to strengthen the system. These include:

- Proposals for BCF scheme graduation in 2017/18
- GP’s forming their own provider entity in order to support a single voice for GP’s and to develop a cluster/locality model
- Reviewing NHS England’s New Models of Care structures

1.5 In 15/16 and 16/17, the Wokingham Providers, for the Wokingham Integrated Social care and Health (WISH) Team, have adopted a relatively light governance model while they operated in “Shadow” form, with a simple management structure and WISP making strategic decisions.
1.6 With more services becoming integrated as part of Wokingham’s BCF Programme, we will need a robust contracting, commissioning and governance model that allows them to work at the scale required to deliver integrated care for large populations. The proposed scope is to include Community Mental Health Team (CMHT), WISH, Community Health and Social Care Team (CHASC) and the Berkshire Integrated Health and Social Care Hub.

2. The Proposal

2.1 It is proposed to strengthen the governance of the Section 75 Partnership by including BHFT and Wokingham GP Alliance as Partners within the Enhanced Section 75; we also hope to explore opportunities to incorporate mental health services within the Enhanced Section 75.

2.2 The Enhanced Section 75 Partnership Agreement will bolster our existing memorandum of understanding for adult health and social care in Wokingham. The approach to developing the new partnership agreement uses the current Section 75 Agreement and the nationally recognised NHS England Alliance Agreement.

2.3 The NHS England recommended Alliance Agreement does not seek to replace or in any way override existing service contracts (i.e. contracts between Commissioners and Providers for delivery of care). Instead, it enables the collaboration of Commissioners and Providers together around a common aspiration for joint working across the system. It sets out a number of shared objectives and principles, and shared governance allowing Commissioners and Providers to come together to make decisions.

2.4 The main aims for our approach in 2017 to 2019 is to develop and implement an Enhanced Section 75 Partnership Agreement that integrates care and:

- holds Partners to account for outcomes
- holds Partners to account for streamlining the delivery of patient care across the gaps between service providers
- shifts the flow of money between service providers
- drives and delivers efficiency and/or cashable savings

2.5 Following a review of various contractual models to support integration it is proposed that Wokingham adult health and social care services work within a modified integrated strategic partnership governance structure, supported by an Enhanced Section 75 Partnership Agreement that should work towards the following principles:

- a shared vision of integrated service provision
- commit to delivery of system outcomes in terms of clinical matters, patient experience and financial matters
- commit to common processes, protocols and other system inputs
- commit to work together and to make system decisions on a best for users and the Wokingham pound
- accommodate a risk reward scheme where we all share in savings generated by reduction in acute activity – in year 1 the arrangements for decisions of risks and rewards would remain with the Commissioner Partners. During this first year we would be working actively with the Provider Partners to scope how we can organise a risk share arrangement that is in line with the Berkshire West ACS.
- take responsibility to make unanimous decisions on a Best for Service basis
always demonstrate the Service Users’ best interests are at the heart of our activities
adopt an uncompromising commitment to trust, honesty, collaboration, innovation and mutual support
establish an integrated collaborative team environment to encourage open, honest and efficient sharing of information, subject to competition law compliance
adopt collective ownership of risk and reward, including identifying, managing and mitigating all risks in performing respective obligations
co-produce with others, especially service users, families and carers, in designing and delivering the services

2.6. The Enhanced Section 75 Partnership Agreement establishes a Partners Leadership team, a Partners Management team and a Partner Programme Manager; a proposed structure can be seen in Figure 1. It is proposed that the partnership structure replaces the WISP and BCF Programme Manager structure and will follow the principles set out in 2.5.

Figure 1

2.7 Proposed Partner Leadership Team (PLT)
The Partner Leadership Team will oversee the BCF associated schemes in Wokingham, continue to work in partnership with the Berkshire West 10 Partners for the Berkshire West wide BCF schemes and also to establish opportunities to improve collaboration between services e.g. carers (WBC and CCG schemes operate in isolation at present).
The Partner Leadership Team will replace the WISP Part 1 function and will be responsible for leading the partnership and will hold the Partnership Management Team
to account. It will be a forum, in which the representatives of each Provider and Commissioner have been given delegated decision making authority from and for their organisation. This allows them to make decisions on behalf of each partnership member organisation.

2.8 Proposed Partner Programme Manager (PPM)
The Partner Leadership Team will nominate/engage an individual to undertake the programme management of the partnership and will determine the responsibilities of the Partner Programme Manager, to include as a minimum the BCF Programme and Wokingham’s new partnership development and integration of health and social care. The Partner Programme Manager will report to the Partner Leadership Team on a monthly basis.

2.9 Proposed Partner Management Team (PMT)
The Partner Management Team will replace the current WISP Part 2 function. They will be responsible for managing the partnership on a day to day basis and the development, implementation and delivery of Wokingham’s integrated services.

2.10 Key changes/points to note about the Enhanced Section 75 Partnership Agreement:
- A partnership is an agreement between Commissioners and Providers to work together as Partners in a defined way; all Partners remain separate and no new entities are created.
- Commissioner Partners continue to hold a contract with Provider Partners, but the contracts are based on whole system principles and are made mutually interdependent
- All Partners agree to be collectively accountable; the Partnership Agreement will enforce joint accountability for outcomes.
- The Partners agree to an Enhanced Section 75 Partnership Agreement that sets out how Partners will work together and share the collective accountability for achieving integrated care outcomes; it establishes an ‘Partner Leadership Team’ for the partnership, to oversee the governance processes, execution of objectives, facilitate decision-making, manage performance and a have a system for managing shared funds
- The partnership members will continue to report to Wokingham Health and Wellbeing board, CCG, WBC, Wokingham GP Alliance and BHFT.
- Partners delegate representatives to sit on the Partner Leadership Team and make decisions on behalf of their organisations.
- Partners Boards delegate specific decision rights and responsibilities to the Partnership Leadership Team.
- Partners agree to accept collective responsibility for the decisions of the Partner Leadership Team within its mandate.
- The Partner Leadership Team should remain neutral between the parent partner interests and make initial recommendations on a course of action
- There will be an Partner Management Team, to support the cluster models
- Head of CHASC, Head of WISH and Head of CMHT will have joint reporting mechanisms in place to report to agreed line managers in both BHFT and WBC.

2.11 To deliver integrated care under a pooled budget, Commissioner and Provider Partners will need to sign an Enhanced Section 75 Agreement to:
- Affirm their collective accountability for outcomes
- Define their mutual responsibilities in delivering integrated care
• Formally agree the joint governance model and risk-sharing arrangements for managing funds and investment

3. **Progress to Date**

3.1 During Q1 and Q2 of 2017/18 the WISP Part 1 Partners have been reviewing and developing the proposal, in order to share with the Executive Boards of the proposed Partners.

3.2 During Q2 and Q3 the proposal has been reviewed and agreed with all the planned Partner Executive Boards prior to coming to the Health and Wellbeing Board.

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<thead>
<tr>
<th>Approval Committee</th>
<th>Date discussed</th>
<th>Comments</th>
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<tbody>
<tr>
<td>Wokingham CCG CMT</td>
<td>16th May 2017</td>
<td>Approved</td>
</tr>
<tr>
<td>Accountable Care System Leadership</td>
<td>25th May 2017</td>
<td>Approved</td>
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<tr>
<td>BHFT Exec</td>
<td>18th September 2017</td>
<td>Approved</td>
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<tr>
<td>Wokingham Borough Council Corporate Team Meeting</td>
<td>9th May 2017</td>
<td>Approved</td>
</tr>
<tr>
<td>Wokingham GP Alliance</td>
<td>September 2017</td>
<td>Approved</td>
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<tr>
<td>Wokingham Borough Council Lead member discussion</td>
<td>6th December 2017</td>
<td>Approved</td>
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<tr>
<td>WISP</td>
<td>20th December 2017</td>
<td>For Information</td>
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<tr>
<td>Health and Wellbeing Board</td>
<td>8th February 2018</td>
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<tr>
<td>BW10 Integration Board</td>
<td>TBC March 2018</td>
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3.3 During Q3 and ongoing through Q4 the WISP Part 1 Partners have started to revise the current Section 75 Agreement in order to have the governance framework in place for 2018/19.

The support of the Health and Wellbeing Board is being sought to continue with the proposed approach to progress the integration of adult health and social care in Wokingham.

**Partner Implications**

It is important that all Partners feel engaged with the new ways of working. The implications of the proposal for all Partners are:

• Partners held to account for outcomes
• Partners held to account for streamlining the delivery of patient care across the gaps between service providers
• Enables the shift in the flow of money between service providers
• Drives and delivers efficiency and/or cashable savings

Specifically for the council it aligns with the 21st Century Council programme to transform services.
| Reasons for considering the report in Part 2 | N/A |
| List of Background Papers | Nil |

<table>
<thead>
<tr>
<th>Contact</th>
<th>Rhian Warner</th>
<th>Service</th>
<th>Better Care Fund</th>
</tr>
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<tbody>
<tr>
<td>Telephone No</td>
<td>Tel: 0118 979 6866, Tel: 07989346744</td>
<td>Email</td>
<td><a href="mailto:gail.king@wokingham.gov.uk">gail.king@wokingham.gov.uk</a>, <a href="mailto:rhian.warner@wokingham.gov.uk">rhian.warner@wokingham.gov.uk</a></td>
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