PROPOSED RESTRUCTURING OF HEREFORDSHIRE COUNCIL ADULT SOCIAL CARE AND PRIMARY CARE TRUST COMMISSIONING FUNCTIONS

Report By: Director of Integrated Commissioning

1. Purpose

The purpose of this paper is to set out the proposed functional content and overall structure of the new Integrated Commissioning Directorate, the rationale for the structure, and the formal staff engagement process which will be followed to create the new Directorate and appoint staff to posts within it.

The paper is particularly intended for staff whose posts may be affected by the restructuring. However, it will also be shared with other directorates for information and comment.

2. Background

The deep partnership between Herefordshire Council and Herefordshire Primary Care Trust is designed to secure:

- improved outcomes;
- excellent services;
- improved user/patient experience;
- value for money

for the people of Herefordshire, increasingly breaking down the barriers between public service organisations to enable a focus on individuals and populations. A key step in delivering these improvements is the creation of an Integrated Commissioning Directorate, with a single Director accountable to both Council and PCT, bringing together the current Council Adult Social Care Commissioning and PCT Commissioning functions.

Within the PCT, the separation of functions into commissioning and provision is (in most cases) already reflected within the structure of the PCT. However the separation is less clear cut within Adult Social Care. In deciding which Adult Social Care functions should transfer to the new integrated commissioning directorate, and which should form part of the new integrated provider arrangements, a key principle is that the new commissioning directorate must be able to support the preferred model of multi-disciplinary working in Herefordshire.

Staff in both Adult Social Care and the PCT have been involved in discussions which have looked at how health and social care provision can be delivered through more integrated arrangements in the future. A consistent model, based around integrated locality teams, has

emerged both from those discussions and from the Provider Services Review. This model is set out in Appendix 1. The model is designed to build on existing work, enabling more care and support to be delivered closer to home, with the focus on individuals within a population of concern (e.g. a locality) on an ongoing basis.

The "core commissioning" function identified within Appendix 1 will include that part of Adult Social Care which will form part of the new Integrated Commissioning Directorate.

3. Proposed Structure

The proposed functional structure and content of the new Integrated Commissioning Directorate is set out in Table 1 below:

Table 1

Functions within the Directorate of Integrated Commissioning

Title	Role
Business Support Unit	Internal directorate performance management; Internal directorate performance improvement; Internal directorate planning processes; Information capture and reporting; Management of interface with Council (e.g. Cabinet and Scrutiny Committees) and PCT (e.g. Board and PaCE); Programme and project management; Administration and office functions; Assurance processes (Comprehensive Area Assessment, World Class Commissioning, Care Quality Commission).
Quality	Quality assurance in commissioned services (including social care and primary care); Monitoring and feedback on user/patient experience (including complaints); Regulation of providers (e.g. accreditation and appraisal of primary care practitioners, pharmacy governance, FHS contractor functions); Medicines management; Professional advisors; Safeguarding (adult social care).
Strategy Development/Planning	Development of strategies and implementation plans for improving health and well being and integrated health and social care services (informed by public health and corporate needs assessment and prioritisation); Capacity and demand planning (activity, workforce, facilities) across all sectors; Predictive modelling of future scenarios.
Service Redesign and Performance Improvement	Develop service specifications for tendering/contracting; Assurance of service proposals from providers; Workforce redesign; Service improvement with providers (including social care and primary care); Identification of service gaps/market gaps (informed by integrated locality teams).
Procurement	Manage tender processes for new/changed services (e.g. Any Willing Provider, personalised service providers); Contract negotiation (new contracts); Market development (capacity and capability).
Contract Performance Management	Contract renegotiation (existing contracts); Contract performance management (fed by information from new

Management	integrated corporate performance reporting system); All health and social care contracts including residential placements, domiciliary care, day care, NHS providers (primary, community, secondary and tertiary), Supporting People contracts, Adult Placement Scheme.
Locality Support	Interface with provider side integrated locality teams; Practice Based Commissioning functions.

4. Rationale for the New Structure

The creation of a fully integrated commissioning team, where health and social care boundaries are only reflected where there is a statutory or pragmatic need to do so (e.g. the Safeguarding role for Adult Social Care), will enable a focus on the holistic needs of individuals and populations, in line with the values of Herefordshire Public Services.

The identification of teams specialising in delivering discrete components of the commissioning cycle will:

- ensure clarity of role and purpose both internally (for staff, other directorates and Board/Cabinet) and externally (for public, users, partners and providers);
- streamline the interface of the components of commissioning with other workstreams in the organisation, i.e. reduce duplication and increase effectiveness;
- enable development of expertise in technical functions;
- enable additional resource to be brought into the organisation when required against specific technical competencies, e.g. for short-term cover.

The work of integrated locality provider teams will increasingly focus on supporting individuals to make choices about their own care, and the integrated commissioning team structure will support the use of information from such choices to drive changes in the pattern of provision.

The positioning of the adult social care assessment and care management function as a key component of the proposed integrated locality teams within provider services is a pragmatic response to the small size of the organisation and teams within it, i.e. to support critical mass, recruitment and retention. The commissioning function will need to ensure that assessment and care management is undertaken in the context of clear documented guidelines and explicit quality standards e.g. eligibility criteria and risk sharing arrangements.

The structure will require staff to work in a matrix (e.g. planning may be focused on care groups, contracting on providers and locality teams on individuals/populations) but within that matrix the roles and responsibilities, handover and decision points will be clearly set out. The Directorate will adopt a programme and project management approach to its work, with programmes of work aligned to, for instance, the Herefordshire Public Services key themes and the NHS “Darzi” groups.

The Integrated Commissioning Directorate will fulfil an “expert commissioner” role for the Children’s Trust, the detail of which will be agreed with the Director of Children’s Services.

5. Links with other Directorates

There are key operational links with other directorates, for example:

- Public Health (needs assessment, knowledge management);

- Clinical Leadership & Quality (service redesign, quality and outcomes, user/patient experience, regulation, Safeguarding);
- Finance (budgets, risk-sharing) & Information (performance monitoring and improvement);
- Deputy Chief Executive (public engagement, corporate performance management);
- Regeneration (drugs and alcohol commissioning).

It is essential to ensure that the required functions are delivered within the deep partnership, are not duplicated and are coherent. In order to progress with restructuring and staff appointments, the following assumptions have been made at this point (these will be tested and resolved during the consultation period):

- the elements of the existing directorates that relate to quality assurance are identified as a discrete entity in the new Directorate to facilitate discussions over appropriate links with the new Director of Clinical Leadership and Quality;
- the elements of the existing directorates that relate to data capture, information and reporting are identified as a discrete entity in the new Directorate to facilitate discussions over appropriate links with corporate information and performance reporting functions;
- there is sufficient capacity in other directorates to support the functioning of the Integrated Commissioning Directorate (e.g. budget setting at locality team level, needs assessment, prioritisation, stakeholder engagement);
- resources will flow from the Children's Trust to support its specific requirements;
- responsibility for drug and alcohol commissioning remains with the Regeneration directorate.

6. Next Steps

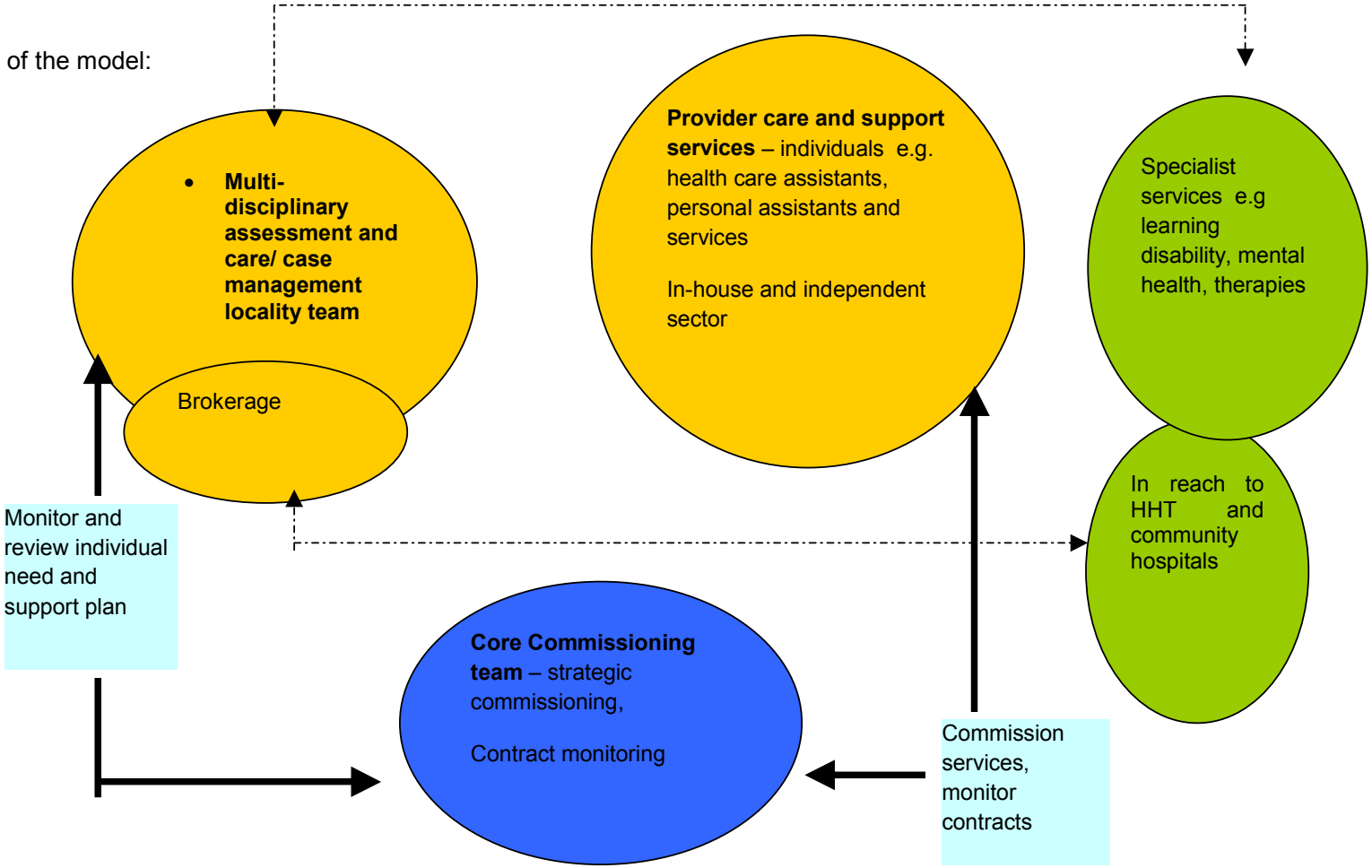
The proposed process for the restructuring of the Integrated Commissioning Directorate is set out in Appendix 2 .

Appendix 1

Multi-disciplinary working across health and adult social care

Key Objectives: to improve outcomes, with improved quality of life and improved well-being for patients and users through co-ordinated and effective care pathways, delivered as close to home as possible. To reduce health inequalities experienced by the population of Herefordshire.

Key elements of the model:



Multi-disciplinary teams

The teams will be based in primary care settings linked to GP practices. Line management of the team will be within the provider services of the PCT. We have now appointed to the new Head of Service Adult Social Care post, who will have the social care lead within the provider services and will ensure that the social care responsibilities are fully understood and delivered in the new arrangements. The teams will include social workers, therapists, District Nurses, CPNs, and through Practice Based Commissioning arrangements, GPs and their practice teams. Their key responsibilities will include: assessment, care and support planning and key worker proactive case management, monitoring and review of individual care needs and support packages. The team will include brokers who will either arrange care and support for individuals or will ensure access to independent brokerage to enable effective use of Individual Budgets, or individual's own finances where they can afford to pay for social care.

Provider Care and Support Services

This will include the full range of care and support, provided by both the PCT integrated health and social care provision and by the independent sector to meet assessed need, including domiciliary, day, residential, respite, intermediate and nursing care. Individuals will also be able to use Individual Budgets to buy support, which may include personal assistants or direct purchasing from care providers.

Core Commissioning Team

This will be part of the responsibilities of the Integrated Commissioning directorate, to ensure strategic commissioning of services to meet assessed need, and to put in place and oversee contracts covering health, social care and Supporting People. Integrated commissioning will be informed by the work of the locality teams in monitoring and reviewing individual need and packages of support. We have now appointed to the new post Head of Integrated Commissioning (Adult Social Care lead) who will ensure that the social care responsibilities are delivered in future commissioning arrangements.

Specialist services

The locality teams will be the first point of referral and will ensure a co-ordinated and timely response. This will include responding to those who may have mental health, physical (including sensory) or learning disability needs. Where those needs are complex and meet the threshold for the specialist CMHTs, Learning Disability team, or therapy service, then there will be a referral to those teams. Where there are less complex needs, the locality teams should receive specialist support and advice to assist them in providing an informed response.

Links to HHT and community hospitals

The locality teams will be responsible for ensuring seamless care and effective discharge home when someone from their area is admitted to or discharged from hospital.

Financial Responsibility

The locality teams will have an identified budget to meet the full range of individuals' needs. Specialist services will be commissioned for all the localities, with contracts managed by the core commissioning team and accessed by the locality teams. We will need to ensure that arrangements for charging for social care, and recharging locality teams for the use of specialist services, are clear within the new structures and processes.

Working with providers

This will be a shared responsibility between the core commissioning team – who will take the lead on this at an organisational level – and the localities who will have responsibility for individual client placements/packages and who will have a key role in working with local providers.

Improving Performance

The improvement programme for adult social care will continue in new integrated arrangements. The improvement team will need to work across commissioning and provision but will be line managed within commissioning, and accountable to the Director of Integrated Commissioning who will be taking on the DASS role and responsibilities.

Children's services

This model could be extended to cover children's services. This would be particularly important to facilitate smooth transition to adult services for young people who will need support as adults, and for families with parents who have care needs.

Appendix 2

DIRECTORATE OF INTEGRATED COMMISSIONING RESTRUCTURE

ISSUE	17-Nov	24-Nov	01-Dec	08-Dec	15-Dec	22-Dec	29-Dec	05-Jan
Staff Engagement	Department briefing meetings x 2: PCT & Council	Consultation group meeting #1	Consultation group meeting #2	Consultation group meeting #3	Consultation group meeting #4	Consultation group meeting #5	Update & publish FAQs	Directorate meeting
	Distribution of consultation paper; includes functional content	Launch of 30 days consultation period from 24/11	Update & publish FAQs	Update & publish FAQs	Present ring-fencing boundaries	Consultation period ends 23/12		present report
	Identify issues for consultation	Agree Agenda for consultation			Update & publish FAQs	Update & publish FAQs		Publish JDs & structure including Grades/Bands
	Nominations for consultation group	Commence FAQs						Timetable for implementation

NOTES:

Consultation Group =	3 x managers (IRGW + PE + EB); 2 x HR (GT + CG); 2 x Staff reps; 2 x staff affected
Consultation Agenda:	Concept & principles, process (including fairness & equity issues), timetable, who affected
FAQs (Frequently Asked Questions)	to be published weekly with updates from Group meetings