




Halton Clinical Commissioning Group

Adult Health and Social Care – Accountable Commissioning System

Project Initiation Document



Project Brief Agreed - 2016

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1. Introduction

1.1 Overview of Project

Halton began its journey of joint working/integration back in 2003 with a pooled budget being established for Intermediate Care and Equipment services, in addition to specific grant allocations.

Following the emergence of NHS Halton Clinical Commissioning Group (CCG) further work has progressed to establish/consolidate joint working arrangements between Halton Borough Council (HBC) and NHS Halton CCG, underpinned by the Statement of Intent developed between HBC and NHS Halton CCG in May 2013.

Even before the Government announced its biggest ever commitment to making co-ordinated health and care a reality back in May 2013, within Halton there was already an excellent track record in working in partnership/collaboratively to deliver on Halton's strategic approach to the commissioning and provision of services for adults with complex needs. Halton had already introduced dynamic, challenging and innovative integrated change programmes involving both commissioning processes and the delivery of services which have already helped drive forward real change within Health and Adult social care and achieve success in a complex and changing environment.

However with the introduction of the Better Care Fund from April 2015, which builds upon the Joint Working Agreement and associated pooled budget arrangements introduced in April 2013 between HBC and NHS Halton CCG for the commissioning of services for people with Complex Care needs, both HBC and NHS Halton CCG believe it is an appropriate time to review current arrangements in place in respect of joint working and align organisational structures, leadership and governance arrangements across Adult Social Care and Health, in order to deliver more effectively on the desired outcomes for the residents of Halton.

The approach being taken in Halton supports the national drive towards the concept of 'Accountable Care Organisations' (ACOs). ACOs consist of providers who are jointly held accountable for improving the quality of care and reducing costs, largely by working together more efficiently.

As the basis for the current Joint Working Agreement, the pooled budget and this project is primarily concerned with the commissioning of services, as both organisations are working towards the same goals – quality improvement, costs savings and working together more efficiently both HBC and NHS Halton CCG feel that this approach is in line with the concept of ACOs but would refer to Halton's current direction to that of an 'Accountable Commissioning System'.

1.2 Distribution of Project Initiation Document

This document has been distributed to:-

Name	Title	Date of Issue
Sue Wallace Bonner	Director of Adult Social Service - HBC	Draft - 12.1.16 V2 – 29.1.16 V5 – 13.5.16
Paul McWade	Operational Director, Commissioning & Complex Care – HBC	Draft - 12.1.16 V2 – 29.1.16

		V5 – 13.5.16
Jan Snoddon	Chief Nurse – NHS Halton CCG	Draft - 12.1.16 V2 – 29.1.16 V5 – 13.5.16
Dave Sweeney	Director of Transformation – NHS Halton CCG/HBC	Draft - 12.1.16 V2 – 29.1.16 V5 – 13.5.16
Leigh Thompson	Director of Commissioning & Service Delivery – NHS Halton CCG	Draft - 12.1.16 V2 – 29.1.16 V5 – 13.5.16
Eileen O’Meara	Director of Public Health – HBC	V5 – 13.5.16

1.3 Version Control Table

Version	Date	Date Issued	Amendment
1	5.1.16	12.1.16	Document Created
2	25.1.16	29.1.16	Amendments to draft PID discussed at Integration – Joint Steering Group on 25.1.16
3	10.2.16	N/A	Addition of Network Management definition – Page 6
4	9.3.16	N/A	<ul style="list-style-type: none"> Amendment to paragraph in respect of support provided by Corporate Services and the Commissioning Support Unit – Page 6 Addition reference made to Paragraph 3.3 – Page 9 Addition to Membership of the Board – Page 12 Amendment made to reference to Public Health – Page 9
5	12.5.16	13.5.16	<ul style="list-style-type: none"> Amendment to timescale for completion of Phase 1 – Page 6 Amendment to the need to develop a business case for a finance post – Page 6 Amendment to the need to develop a business case for a finance post – Page 13

2. Why is the Project Taking Place?

2.1 Project Aims

The overall aims of this project will be to:-

- expand upon the existing pooled budget arrangements and integrated teams in place;
- further align systems and integrate functions to reduce duplication;
- improve our overall approach to system commissioning;
- demonstrate value for money; and
- improve the pathways and outcomes for individuals who use our services.

The outcomes from this project will provide a sound basis for ensuring that both HBC and NHS Halton CCG will have the ability to meet the current and future needs of people with complex needs.

2.2 Business Case

The outcomes of having the Joint Working Agreement and associated pooled budget arrangements in place since 2013 have been extremely successful, improving outcomes for individuals in addition to moving from a position of overspend for both organisations to financial balance.

There are increasing challenges for the Health and Social Care economy within Halton to be able to continue to respond effectively to people's needs and provide high quality services, within limited and reducing resources. Therefore there is a need to examine how things can be done differently to not only ensure value for money, but ensure that they are affordable.

Both NHS Halton CCG and the Council are committed to further developing its integrated approach to service delivery and transformation to improve the Health and Well-Being of Halton residents. Although already working towards operating as a system, there does continue to be barriers to fully realising the benefits of a truly integrated approach, and as a result some of the improved outcomes for users of services in Halton and opportunities to deliver value for money are being missed.

The rationale for this project includes:

- Closer working relationships will deliver positive health and social care outcomes for individuals within Halton;
- Secure efficiencies and drive service improvement;
- Opportunities to look beyond traditional boundaries and assess ways of doing things differently;
- Opportunities to jointly influence the future shape of health and social care within Halton;
- Move away from a reactive, unplanned and episodic approach to care and deliver integrated long term care;
- Identify further opportunities for pooling resources;
- Promote independence, empower users and allow them to take control of their lives; and

- Provide the most intensive care in the least intensive setting.

2.3 Project Scope

It should be noted that there is no single definition for integrated care, and the integration of services can take place in various forms and at different levels. For example, services may be integrated at the level of a local or regional population, for a particular care or age group, or at an individual level, or indeed may involve more than one of these approaches. However there is clear evidence that when it comes to delivering benefits, the integration of clinical teams and services is far more important than the integration of organisations; organisational integration in itself is no guarantee of improved outcomes.

With this and the overall aims of project, as outlined in paragraph 2.1, in mind, the project will focus on the bringing together of the functions outlined below under a single unit, with a single line management function. This new Integrated Commissioning Hub (ICH) would introduce a wider skill mix and play a key role in shaping, assessing and delivering innovative and untested business transformation solutions within a highly complex multi-stakeholder environment.

- Performance Management (to include analytical support)
- Commissioning/Commissioning Support
- Policy Support
- Customer Care (Complaints/Compliments)
- Contracting (to include all contracting arrangements i.e. secondary and primary care, residential and nursing etc.)
- Financial Management
- Quality Assurance

Note: The Staffing budget associated with the Teams outlined above across HBC Adult Social Care and NHS Halton CCG will be incorporated into the current pooled budget arrangements at the appropriate time.

2.4 Project Priority

Due to the complexities involved the development of the ICH, its development will be progressed in two phases as outlined below:-

2.4.1 Phase 1

The first phase will require HBC Adult Social Care to redesign its existing teams; this would enable HBC to align more closely to the NHS Halton CCG structures. Currently within Adult Services, there are two separate teams as outlined below:-

- Commissioning Team
- Policy and Performance Team

The work areas of these two teams often overlap, and at times operate in silos which results in fragmentation and duplication.

Within the existing structure there is the additional complexity of how it is best to incorporate operational/professional input into the commissioning model. Therefore Phase 1 of the Project would also include the identification of an Executive, Clinical and Practice Leads for each work area from across Adult Social Care and NHS Halton CCG e.g. Urgent Care, Learning Disabilities, Older People etc. dependent on their skills and expertise.

It has been identified that additional support is provided to NHS Halton CCG by the Commissioning Support Unit and from HBC Corporate Services to support the pooled budget arrangements etc. such as Finance and Procurement Services and as part of this Project work will need to be undertaken to identify this support with a view to determining whether there are any areas of duplication and make recommendations to the appropriate Boards to either resolve these issues of duplication or whether the support should be aligned into the new ICH.

Finally as part of Phase 1, a review of the financial management support to the pool budget/joint working arrangements across HBC and NHS Halton CCG will take place. The introduction of further joint/integrated working arrangements will result in an extension to the current pooled budget arrangements and as a result the pooled budget will need to be managed robustly. As outlined in paragraph 3.6 of this document, 'Known Risks', financial fragility has been identified as a risk across both HBC and NHS Halton CCG and ensuring that appropriate financial management processes are in place will be key.

Phase 1 of the project will be completed by the end of May 2016.

2.4.2 Phase 2

Phase Two of the Project will be the full development of the ICH, whereby we would align the HBC Adult Social Care and NHS Halton CCG teams, to function under a network management approach.

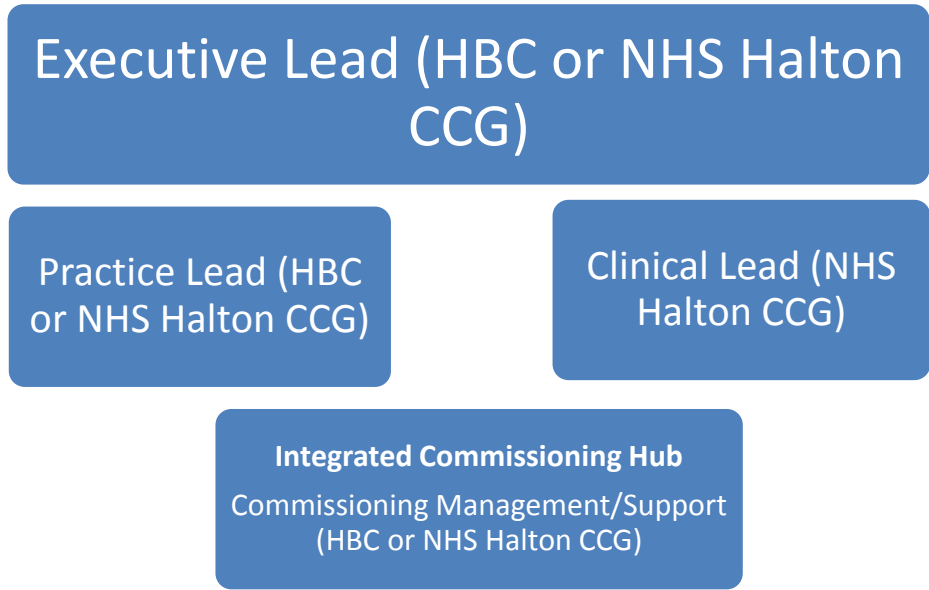
NOTE: As each Commissioning area will have an Executive Lead and support staff employed from either HBC or NHS Halton CCG, there will be no clear hierarchy at which the Executive Lead is 'at the top' whom staff are formally accountable to. Therefore the role of the Executive Lead for each area will be to bring staff together from across both organisations in order to achieve an agreed consensus in respect to developing, implementing and monitoring actions/work associated with Halton's Health and Adult Social Care Commissioning intentions.

The ICH team members will operate within specified commissioning areas, for example Learning Disability, Urgent Care and Older People.

As outlined above in paragraph 2.4.1, each commissioning area will have an identified:-

- Executive Lead (which would be Director Level from either HBC or NHS Halton CCG);
- Clinical Lead; and
- Practice Lead (which would be either at Divisional Manager, HBC or Head of Service, NHS Halton CCG level)

and be provided with identified support from within the ICH, thus ensuring a whole system/multiagency approach to commissioning; see below:-



The Commissioning Management/Support provided via the ICH to each commissioning area could potentially consist of performance management, policy support, contracting support or quality assurance etc., dependent on the nature of the commissioning area being supported; potentially any or all of those areas identified within paragraph 2.3 of this document.

3. What will the Project Deliver?

3.1 Project Deliverables

In summary, the project deliverables will include:-

- Redesign of HBC Adult Social Care Teams (as outlined in paragraph 2.4.1);
- Development of a single ICH;
- Identified Executive, Practice and Clinical leads for each commissioning area;
- Identified Commissioning/Management support for each commissioning area;
- Agreed network management approach across HBC Adult Social Care and NHS Halton CCG;
- Agreed Integrated Commissioning Plan for Halton Adult Health & Social Care;
- Review and revision of associated Governance Arrangements across HBC Adult Social Care and NHS Halton CCG; and
- Revision of Joint Working Agreement and associated pooled budget arrangements.

3.2 Outcomes

A number of positive outcomes/outputs will be achieved across the Health and Adult Social Care system as a result of this project including:-

- A joint market position statement - There is the potential to manage the market more effectively, utilising more robust procurement processes in order to manage/contain the general increase in costs;
- Ensure value for money contract prices, to ensure quality provision and that adults are appropriately safeguarded;
- An integrated commissioning plan for Halton Adult Services;
- Delivering high quality care closer to home;
- Reduce the need for unnecessary hospital admission and readmission;
- Ensure the appropriate use of crisis intervention and short term support to promote independence;
- Promote the use of a range of technologies to support independence and the management of risk;
- Ensure the proportion of placements in long term residential care are maintained at an appropriate level;
- Realise placements in Borough with Out of Borough placements being the exception;
- Improve the quality of care in the community and residential placements;
- Identify other opportunities for external partnership/integrated working arrangements; and
- Identify further opportunities to pool additional funding.

3.3 Other Related Work

Children's services will continue to progress with joint commissioning objectives through the Children's Trust.

In addition HBC and NHS Halton CCG are currently reviewing its approach to Transition across Health and Social Care; this work will continue and the outcome will be aligned into the overall integrated approach to service commissioning and delivery undertaken at the appropriate time.

Although the focus of this project is on Adult Services, the Integration – Joint Steering Group will ensure that where there are opportunities for further integration/alignment with Public Health then these will be activity explored. This is supported by the inclusion of the Director of Public Health onto the Integration – Joint Steering Group.

3.4 Constraints

At present known constraints that have the potential to impact on this project are:-

- Financial constraints for both NHS Halton CCG and HBC; and
- Changing landscape of the national agenda in respect of Health and Social Care

As such, the Integration – Joint Steering Group will ensure that the impact of these areas on the project is regularly assessed and appropriate action taken.

3.5 Assumptions

As the Health and Social Care economy/landscape can change quite rapidly from a local, regional and national perspective it is accepted that the project scope will have to be kept under review to ensure its appropriateness remains.

It is accepted that the quality and safeguarding of both Health and Social Care services that are commissioned run throughout the areas of work that fall within the scope of this project and we will use the existing governance arrangements in place to ensure that this is maintained.

3.6 Known Risks

An initial risk analysis has been completed on the Project and is outlined below. Any risks associated with the Project will be managed via the Project Board.

Identified Risk	Overall Risk Score	Mitigating Actions
Improvements in the overall pathways and quality of care services will not be realised.	8	Our integrated commissioning process will ensure full engagement and leadership from both clinical and practitioner leads. Performance will be managed within existing governance arrangements
The introduction of the Care Act 2014 and other policy directives will have implications in the cost of care provision, partnership working, policies and procedures and skilled and informed workforce.	8	Ensure formal links across this work stream and the Care Act Strategic Group, including regional work streams across North West ADASS.
Financial fragility because of the	10	Work on-going to forecast financial situation and

ongoing efficiencies across both HBC and the NHS Halton CCG could result in objectives not being achieved.		continue to identify efficiencies across both organisations.
The required cultural change in the workforce across HBC and NHS Halton CCG does not take place due to unwillingness or inability to work across organisations could result in staff feeling isolated, anxious and worried which may result in a reduction in job performance.	6	Building trust through effective communication, shared values, equal opportunities and effective leadership is crucial to the successful development of integrated teams.
Shifting of resources to fund new joint interventions and schemes may de-stabilise the current service providers, particularly in the acute sector.	8	Our current plans are based on the strategies we have in place covering all service areas and linking in to the priorities of the Joint Health and Wellbeing Strategy and Joint Strategic Needs Assessment. Providers are on Boards and contribute to decision-making.
Operational pressures may restrict the ability of our workforce to deliver the required changes.	6	Organisational development is an important factor in the successful delivery of health and adult social care outlined in our plans. On-going evaluation of teams and skill mix will ensure the infrastructure and capacity to deliver.
If we do not manage Communication carefully there is a risk that staff, public and stakeholders do not know what is happening, why and when. Relationships may suffer and have a negative effect on the implementation.	6	<ul style="list-style-type: none"> • Joint Local Authority and NHS HCCG management team meetings to take place on a bi-monthly basis communicating the vision and plans for the future and involving staff at the outset. • Engagement plan set to include all relevant providers and acute trusts • Communication and media tools will be identified to ensure the public are fully aware and involved in all aspects of integration.
Failure with Information Governance, including informed consent to share information across HBC and the NHS Halton CCG would undermine potential IT solutions.	6	<ul style="list-style-type: none"> • Regularly monitor this project to ensure it is on track and report progress to the BCB.
Regional developments which may impact on Halton's Health and Adult Social Care integration agenda for example Mental Health Services (5 Boroughs Partnership),	8	<ul style="list-style-type: none"> • Appropriate leadership at necessary Boards/Groups. • Ensuring Halton's Health and Social Care system is appropriately aligned to take advantage of opportunities which may

devolution etc.		present themselves as part of any regional developments.
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4. Project Organisation

4.1 Project Sponsor

The Project Sponsors are: David Parr, Chief Executive – HBC and Simon Banks, Chief Officer – NHS Halton CCG

4.2 Senior Responsible Officer

The Senior Responsible Officer is: Sue Wallace Bonner, Director of Adult Social Services - HBC

4.3 Project Manager

The Project Manager is: Louise Wilson, Development Manager, Urgent & Integrated Care -HBC

4.4 Governance Arrangements

A Project Board has been established to take forward this Project; called the 'Integration – Joint Steering Group' this Project Board is chaired by Sue Wallace Bonner, Director of Adult Social Services, HBC.

Membership of the Board is as follows:-

- Paul McWade, Operational Director, HBC
- Dave Sweeney, Director of Transformation, HBC & NHS Halton CCG
- Jan Snoddon, Chief Nurse, NHS Halton CCG
- Leigh Thompson, Director of Service Delivery, NHS Halton CCG
- Eileen O'Meara, Director of Public Health, HBC

Support to the Board will be provided by Louise Wilson, Development Manager, Urgent & Integrated Care, HBC.

The Project Board will meet on a monthly basis and report progress through to Chief Officers Management Team – HBC and Executive Management Team – NHS Halton CCG on an ongoing basis.

NOTE: Reports on progress will also be presented to the Better Care Board at appropriate times, for onward reporting through to the Halton Health & Wellbeing Board and NHS Halton CCG Governing Body.

4.5 Approach to be Taken

Using a project management approach, the following is proposed:-

- An overarching Action/Project Plan to be developed for Project to ensure progress is effectively monitored.
- As part of development appropriate staff communication processes will be established.
- NHS Halton CCG and HBC Commissioning Intentions for 2016/17 will be aligned.
- **Phase 1**
 - Redesign of existing Adult Services teams to be managed via HBC Adult Senior Management Team

- Managed via the Integration – Joint Steering Group:-
 - Identification of Executive, Clinical and Practice Leads;
 - Scoping of Commissioning Support Unit support to NHS Halton CCG and the HBC Corporate support to the pooled budget; and
 - Review financial management support to the pool budget/joint working arrangements.
- **Phase 2**
 - Identified Executive Leads to identify their 'Commissioning Teams' and then establish Task and Finish Groups to develop network management approach for each commissioning area; Integration – Joint Steering Group to ensure consistency of approach.
 - Integration – Joint Steering Group will develop the structure for the ICH, with a single line management function.