

## Title: Adult Joint Commissioning Team 2015/16 Review

### 1. Purpose

To provide a summary of the work, achievements and challenges of the new Adult Joint Commissioning Team during 2015/16

To consider and agree priorities and plans for 2016/17.

### 2. Introduction

The new Adult Joint Commissioning Team was formed in early 2015 as part of the Future Council re structure. The team is part of the People Directorate and sits in Business unit 2 – Adult Assessment and Care Management. See appendix 1 for team structure diagram.

In order to function effectively it was important to re establish and clarify the role and purpose of the team within the context of changes in the CCG and the Council and following an 18 month period during which time the former Adult Joint Commissioning Unit had been effectively dismantled.

A workshop was held in March 2015 with Lesley Smith (CEO Barnsley CCG), Rachel Dickinson (Executive Director, People), Brigid Reid (Chief Nurse, Barnsley CCG) and Kath Harris (Service Director, Adult Assessment & Care Management) and adult joint commissioning senior team members which led to the establishment of the Adult Joint Commissioning Group (AJCG) meetings as the main vehicle that oversees and supports the work of the Adult Joint Commissioning Team (AJCT).

The agreed terms of reference are that the adult joint commissioning team are responsible for leading on commissioning activities on behalf of BMBC and BCCG for the following communities of interest:

- Older Adults
- People with Mental Health needs
- People with Learning Disabilities
- People with Physical Disability & Sensory Impairment (including HIV & Aids for social care)
- People with Autistic Spectrum Conditions

The expectation is that by undertaking commissioning jointly, health and social care can achieve better outcomes and work more efficiently across care pathways for the benefit of individuals; and that the AJCG will agree the shared direction, vision and principles of adult joint commissioning, seeking to support work and approaches that demonstrate the added value of a joint approach.

### 3. Work, achievements and challenges during 2015/16

#### 3.1. The team - recruitment, relationships, development

The team comprises of nine members who worked in the former Joint Commissioning Unit and eight new team members. During the year there has been a lot of recruitment activity. The team as a whole have integrated well and there is a good team spirit. A team consolidation and development day is being planned for the early part of the new financial year.

For original members there have been challenges to adapt to changed roles and new ways of working; commissioners are no longer working in service user group silos and there is much greater alignment and cross cutting programmes of work within the AJCT.

Some areas that have historically been led solely by the old Joint Commissioning Unit (adult mental health services, Intermediate Care, Falls and Memory Assessment Service) are now a high priority for the CCG and there is joint working between commissioners in the Adult Joint Commissioning Team and colleagues in the CCG. This has at times led to a lack of clarity and perhaps some inefficiency regarding who is leading and accountable; recently new arrangements have been agreed for managing some of these work streams and new working relationships are being brokered between AJCT members and staff in the Commissioning and Transformation Team in the CCG.

As the AJCT sits in the council, for the majority of staff in the team it is council culture and working practices that predominate; whilst team members do receive the weekly CCG bulletin and have appreciated opportunities to access CCG training (recent leadership sessions) and Brigid and Lesley's attendance at team meetings, it should be recognised that the team is in a fairly unique position and the efforts to bridge the potential communication barriers must continue to be made by the Head of Service; to this end regular meetings with the Head of the Commissioning & Transformation Team are to be diarised and there should be a renewed effort to find ways of AJCT team members being co located with CCG colleagues for part of the week.

#### 3.2. Learning Disabilities

The LD work programme has been regularly reported to the AJCG. The LD Lead Commissioner has undertaken all the Transforming Care regular reporting (HSCIC and NHSE), attended all the required meetings and has shown positive leadership at a regional level (Section 117 work and Transforming Care partnership) as well as at a local level. The Care and Treatment Review work has increased a great deal but the approach taken has always been to consider the right thing for the individual

patient and to challenge and support providers and colleagues to do the same. There have been two (now a third) very challenging cases of individuals with autism that NHS specialist services have found very difficult to manage and the issues raised have been escalated to NHSE as well as being used to inform our own local LD transformation programme. The Senior Commissioner role has had to become that of Commissioning Complex Case Manager; in 2016/17 one year funding from the CCG will allow for recruitment of another post to support the work, thus enabling the Senior Commissioning Manager to focus on delivering the regional and local Transforming Care programme.

The LD accommodation and support project, led by a joint funded temporary Senior Commissioning Manager post, has reached a significant milestone in recent months, following a number of years of work; a plan to procure new services to deliver high quality care and better outcomes, in the community, to a wider range of people with Learning Disability has been given the go ahead by the Council. The proposal involves the effective decommissioning of council in house services and therefore includes a further sensitive dimension in addition to the complexity of procuring a new innovative model and approach, working with providers and case managers to ensure the intended outcomes are achieved and transitioning from current arrangements with minimal disruption to existing service users. Using the existing invest to save investment from BMBC and CCG, two social workers have been recruited for 18 months and the current project manager post has been extended to the end of March 2017.

### 3.3. Older People

Key work streams for older people have been:

Falls Strategy action plan implementation – mapping of current services and pathways in BHNFT and SWYPFT undertaken, facilitation of a multi agency strategy group, involvement of public health staff to progress primary prevention and harness and coordinate contributions to the agenda across Communities and Place Directorates. A review of expected progress and milestones will be beneficial to focus the work further in the coming year.

Intermediate care has been a challenging area with a lead provider model pilot to deliver a system wide integrated pathway underway. In 16/17 the CCG Transformation Team will be supporting the health elements of the pathway and the Senior Commissioner in AJCT will continue to support the work but will focus on managing the relationship and contract with the Independent Living At Home (ILAH) service. Further interim contractual arrangements have been put in place to support sufficient independent sector intermediate care beds.

A new provider of the call response service (outsourced from BMBC in house service in April 2015) is being supported through a pilot phase which is now coming to an end and requires review and future commissioning intentions clarifying.

Night service review of need and commissioning recommendations has been undertaken. An interim proposal/ agreement and longer term strategic recommendation was agreed by the AJCG in April 2016.

The Memory Assessment Service pilot has demonstrated success in the practices that have engaged with the new model. A full review will be completed in the first part of the new financial year to inform future commissioning intentions.

The team are using the opportunity to champion good dementia care in Barnsley residential and nursing homes, as part of the Mayor elect's focus on Dementia and 'the best of Barnsley'.

Domiciliary Care contracts are being retendered during 2016/17 – this is a major project that will result in improved services, better contract and performance management arrangements and better relationships with fewer providers leading to better outcomes, value for money and quality assurance.

The focus for AJCT in 2016/17 will also include developing a clear 3-5 year commissioning plan for older adults, based on robust needs analysis and modelling. Exploration of the business case for development of fully functioning Extra Care schemes in Barnsley will form part of the strategy.

### 3.4. Physical Disability and Sensory Impairment

As a result of changes to where transport contracts sit in the council, there has been some work to do to secure sustainable and cost effective transport for adult social care service users attending day services. The Commissioner has worked with colleagues in 'Place' to get a shared understanding of 'People' transport needs, including supporting continuity of provision over the Christmas period when the provider gave notice on the contract and new provision was needed.

Regular renewal of the assessed list of non regulated services has taken place, this is an approach that is designed to help stimulate the market to offer innovative and individual services to people exercising choice and control, while providing assurance of minimum quality standards; with the further development of e-market place and close links between commissioners and the Brokerage Team it is hoped that the choice and range of non regulated providers in Barnsley can be further developed.

Work has been ongoing to ensure value for money in minor adaptations providers, accessed via the Equipment and Adaptation & Sensory Impairment Service. During the coming year new contracting arrangements need to be in place along with refreshed service operating procedures within the Equipment Adaptations and Sensory Impairment (EASI) Team to ensure Care Act compliance can be clearly demonstrated.

The Vision Strategy group put forward a business case to the Ageing Well Programme Board to pilot an Eye Clinic Liaison Officer (ECLO). One year funding was secured and the pilot went live in April 2015. A review of the pilot, with commissioning recommendations, will determine the CCG's future plans in relation to the continuation of this role/function.

### 3.5. Mental Health

In 2015/16 the focus has been on supporting local providers with the CQC review of crisis care in the early part of the year, and then leading and coordinating the Crisis Care Concordat and associated work streams. The Senior Commissioner has continued to attend regional mental health commissioner meetings including the interface with Secure Commissioning Team. To support management of budget pressures in adult social care in relation to mental health, the approach to high cost case review and use of the Care Funding Calculator has been rolled out.

In 2016 there is a commitment to undertake a review of the provision at Jubilee Gardens.

### 3.6. Autism

Following the review of the Adult Autism and ADHD service and the continued problems with demand outstripping capacity, a task and finish group has worked at understanding the issues facing the service and agreed actions required to deal with the backlog and move to a sustainable footing. The service has responded to commissioner views and brought co produced solutions forward. Funding has now been agreed by the CCG to support clearing the backlog. Progress will be monitored during 2016/7.

During 2016/17 the multi agency Autism strategy group will be re established.

### 3.7. Contracts

The contracts team have made huge strides this year in ensuring contracts are in place and fit for purpose and are managed. Their priorities have been regulated providers, in particular residential and nursing care homes and domiciliary care, and systematic arrangements are now being used to proactively manage the performance of providers and to escalate the response of the authority where necessary. Information on regulated services performance and contract team interventions is regularly reported into the Safeguarding Adults Board.

In the next year the team will be reviewing the arrangements for other contracts held by the team and ensuring a proportionate, intelligent and risk based approach to contract management and performance monitoring is in place across the board. The team also provide support to procurement exercises undertaken by AJCT. See appendix 2 for a summary of contracts held by AJCT.

### 3.8. Fees and funding

There have been challenges this year in determining robust arrangements for establishing fair and value for money fees for social care services, particularly in responding to the new National Living Wage that was announced in October and commences on 1<sup>st</sup> April 2016.

There is more work to do in 16/17 with providers, and the council, and CCG to determine processes and arrangements for future years.

### 3.9. Public Health – Health and Wellbeing Team

The Health and Well Being Team sit within the AJCT although they work across all the People Directorate. The challenge for the team has been to move into a new area for Public Health, as part of the new distributed model, to get to know the business of the directorate and then to demonstrate to managers the added value they can bring. During this year the team have worked really hard at building relationships and understanding.

In relation to AJCT work they are contributing to the Falls strategy (early intervention and prevention); bringing together health needs data to support an older people's plan; doing a specific dementia health needs analysis; supporting the autism work by working with colleagues across the council to broaden out the safe places scheme and helping the town centre redevelopment plans be autism, dementia and disabled person friendly; leading on an exercise to understand better what early interventions would be most beneficial at reducing, delaying or preventing the need for adult social care services in Barnsley and linking with 'Communities' colleagues through the Stronger Communities Partnership to ensure the most vulnerable benefit.

## 4. Summary of 2016/17 priorities

See the table at appendix 3 for proposed list of priority work streams for 16/17. The table includes an estimate of the percentage split of each area between health and social care emphasis, a simple prioritisation key and an estimate of scale in terms of duration. It is not intended to give a definitive view of time to be spent by the team on health or social care focussed work, or to give specific timescales.

## 5. Conclusion

2015/16 has seen the team form and make significant progress in getting some important foundations in place, particularly in relation to the contracting function. There has also been progress on some key commissioning projects. In the year to come the work to consolidate the 'business as usual' elements of the service will need to continue, along with delivery of two large and complex procurements and the Transforming Care programme. To support adult social care 'delay, reduce and prevent' aims a longer term (3-5 year) commissioning plan to meet the needs of older people in Barnsley needs to be developed to inform commissioning priorities and intentions.