

**Wiltshire Council**

**Cabinet**

**12 December 2017**

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**Subject: Update on Integration of Health and Social Care**

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**Executive Summary**

Wiltshire Council and Wiltshire CCG agreed to the creation of a joint post earlier this year. This was based on an assessment of the current situation where both the Wiltshire CCG Accountable Officer post and the Council Director of Adult Services (DASS) are vacant, which provides an opportunity for Wiltshire to take the next step on the integration journey, and appoint a single individual to fill both roles.

**Proposals**

It is recommended that Cabinet notes the progress towards a joint appointment and a range of associated work underway on the integration of health and social care.

**Reason for Proposal**

Health and social care integration is an important goal of the Council's new business plan.

**Baroness Scott of Bybrook OBE  
Leader, Wiltshire Council**

# Wiltshire Council

## Cabinet

12 December 2017

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### Subject: Health and Social Care Integration

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#### Purpose of Report

1. To update cabinet on progress towards the appointment of a joint Corporate Director (Director of Adult Social Care) and Chief Accountable Officer for Wiltshire Council and Wiltshire CCG; and associated developments.

#### Relevance to the Council's Business Plan

2. The Council has as one of its three main priorities 'protecting the vulnerable'. Within this, joined up health and care (integration) is one of three specific goals. In addition, working with partners as an innovative and effective council is a priority, with delivering together (new delivery models and joint commissioning) a specific goal.

#### Background

3. Earlier this year, Wiltshire Council and Wiltshire CCG agreed to the creation of a joint post covering both the roles of the Wiltshire CCG Accountable Officer post and the Council Director of Adult Services. Both roles are vacant, providing an opportunity for Wiltshire to take the next step towards an integrated health and social care system with a single individual overseeing both functions.
4. Keeping people well and living independent, productive and healthy lives at home is at the heart of the Wiltshire ambition. Integration of health and social care services supports a sustainable system and promotes the good health and wellbeing of our local population, set against high service standards for the achievement of good outcomes. We propose our approach be based on sound evidence with a focus on population needs: better prevention, self-care, improved detection, early intervention, proactive and joined up responses to people who require care and support across organisational and geographical boundaries.
5. The move towards a joint post was allied to a recognition that the integration of health and social care is the only option if we are to manage the demand for these services in the coming years. However, the creation of the joint post will not affect statutory responsibilities - the Clinical Commissioning Group will remain the statutory body responsible for commissioning health care in Wiltshire and likewise Cabinet for adult social care.

6. Both Cabinet and the CCG Governing Body reviewed a series of options, and concluded that seamless working between front line health and social care services will benefit Wiltshire people and patients in the best way. This means closer working between Wiltshire Council and Wiltshire CCG. The challenges faced by the health and care system are huge; and one way to address the issues we face is to integrate the leadership of health and social care services across our organisations and explore further options together.

## **Main Considerations**

7. Since agreement on the concept of the joint post, further work has taken place - agreeing the Job Description, the process for recruitment and the employment model. Work continues to establish the supporting legal agreements which are required to be in place in time for the appointment, including a Section 75 agreement and a Joint Employment Protocol. It is also necessary for the CCG to submit a Business Case for Integration to NHS England to sign off on any appointment agreed between Wiltshire Council and the CCG.
8. Alongside the implementation of the joint post, there is recognition that work on other aspects of integration cannot stand still. Wiltshire's Health and Wellbeing Board recently agreed a [statement of intent](#) on integration, agreeing with the concept of an accountable care system and noting that work now needs to take place on:

- Aligning budgets and commissioning intentions to develop whole place commissioning

A single source of commissioning intentions will provide more efficient, effective and coherent services to our population enabled by a single source of strategic commissioning intentions. This will allow better cohesion and collaboration across the sector, enabling strong market management, better use of resources against local priorities and drive unerring focus on the right outcomes for our people, which can become obscured when services are divided on budgetary lines.

To enable this, the potential for closer working between strategic commissioning teams in both organisations is being scoped – as well as considering how the intelligence and expertise of the public health team can best be drawn upon – with options such as co-location of teams being explored.

- Developing the contractual vehicle for an accountable care alliance

This framework is likely to be based on the existing and evolving suite of contracts produced by NHS England for new care models. They will be long term contracts which incorporate new payment models, such as whole population budgets, improvement schemes and gain/loss share agreements.

The framework will take several years to implement (bearing in mind existing contracting timetables) and decisions will need to be made on where 'tactical' commissioning functions are best situated as well as how adult social care assessment staff are best integrated with the new arrangements.

9. Programme support is being put in place to deliver these commitments. In the meantime a considerable body of work continues to be delivered through existing but related programmes:

- Better Care Programme

Commissioning intentions for a range of intermediate care schemes have been agreed with the aim of reducing hospital admissions, length of stay in hospital and delayed transfers of care.

- Adult Social Care Transformation Programme

Delivering a one stop approach for the public to access guidance on social care; the establishment of a reablement service; remodelling of our safeguarding provision and; a review and redesign of our commissioning and procurement processes.

- Bath & NE Somerset, Swindon and Wiltshire Sustainability and Transformation Partnership

The STP is currently outlining areas where collaboration across the footprint makes sense (such as on workforce issues, specialist commissioning and ensuring value for money). This will provide the context for the development of healthcare commissioning arrangements in Wiltshire. Developments in Greater Manchester provide one [model](#) which can be drawn upon for future arrangements and the split between local strategic and tactical functions and those undertaken by the STP.

10. With this work underway to transform the way in which business is done, and recognising the complex and legal and logistical framework needed for successful integration, Wiltshire Council and CCG have agreed a revised timeline for the appointment to commence during 2018. This allows time for advertising the post in the new year, recruitment and for notice to be served by the successful candidate. The Steering Group overseeing the integration will meet again in February 2018 to receive the proposed governance arrangements for integration and the business case for submission to NHS England.

### **Overview and Scrutiny Engagement**

11. A report on the statement of intent on integration was considered by Health Select Committee on 5 September 2017. Scrutiny representation was also agreed on the Adult Social Care Transformation Board.

### **Safeguarding Implications**

12. There are no safeguarding implications arising from this report, aside from noting pre-existing plans to remodel the service.

### **Public Health Implications**

13. There are no Public Health implications arising from this report.

### **Procurement Implications**

14. Implications for individual contracts will be established in due course.

### **Equalities Impact of the Proposal**

15. There are no specific equalities implications arising from this report.

### **Environmental and Climate Change Considerations**

16. There are no specific environmental or climate change considerations

### **Risks that may arise if the proposed decision and related work is not taken**

17. If a decision is not taken, the following risks have been identified:
- If current arrangements are maintained, there is potential for the duplication of service and costs to continue and reputational risks of not delivering on a stated aim

### **Risks that may arise if a decision is taken and actions that will be taken to manage these risks**

18. The following risks have been identified:
- Difficulty delivering business as usual as well as a major transformation and integration of business. This will be mitigated by ensuring appropriate capacity is in place at Tier 2 in both organisations, providing dedicated programme support and extending the timeline for the appointment to commence.

### **Financial Implications**

19. The cost of the shared post is to be shared between Wiltshire Council and CCG. Any additional costs to be incurred in 2018 are being built into and funded through the setting of the 2018/19 budget process.

### **Legal Implications**

20. The NHS Act 2006 requires the accountable officer to be an employee or member of the CCG (or an employee or member of a CCG member body) and regulations require that officer to be a member of the CCG's governing body. The Local Authority Social Services Act 1970 requires the Council's Director of Adult Social Services (DASS) to be an "officer" of the council. Statutory guidance issued by the Department of Health in 2006 states that under section 75 arrangements the DASS must be an employee of the local authority partner. A joint employment approach is being adopted to meet these requirements.

**Baroness Scott of Bybrook OBE**  
**Leader, Wiltshire Council**