



## HEALTH & WELLBEING BOARD

**Subject Heading:**

Outcome of the Joint Commissioning Review of the NHS Support for Social Care programme

**Board Lead:**

Joy Hollister,  
Group Director - Children's, Adults & Housing, LB of Havering  
and  
Alan Steward, Chief Operating Officer, Havering CCG

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**The subject matter of this report deals with the following priorities of the Health and Wellbeing Strategy**

- Priority 1: Early help for vulnerable people
- Priority 2: Improved identification and support for people with dementia
- Priority 3: Earlier detection of cancer
- Priority 4: Tackling obesity
- Priority 5: Better integrated care for the 'frail elderly' population
- Priority 6: Better integrated care for vulnerable children
- Priority 7: Reducing avoidable hospital admissions
- Priority 8: Improve the quality of services to ensure that patient experience and long-term health outcomes are the best they can be

### SUMMARY

The NHS Support for Social Care programme was approved in March 2011. Through a series of pilot services it sought to deliver benefits to patients and service users and to provide financial savings through reduced service demand for Health and Adult Social Care (ASC) services.

At the request of the Health and Wellbeing Board, Joy Hollister, Group Director, Children's, Adults & Housing and Alan Steward, Chief Operating Officer of Havering CCG undertook a joint commissioning review to provide a focused review of progress and the benefits that these services have delivered to date. At its April

2013 meeting, this Board approved the process to be used in the joint commissioning review. The potential outcome for each service being reviewed was one of the following:

- Mainstream the service, as a prelude to subsequent discussions on how it is funded and from when this will take place
- Continue with the existing service until the end of the current contract and then review again
- Continue the service with adjustments until the end of the current contract and then review again
- De-commission the service in line with contractual terms

This report updates the Board on the outcomes from the joint commissioning review process.

Panel members agreed that the review process would be a useful framework from which to develop joint strategic frameworks to enable the reappraisal of other service outcomes, and against which to consider pooled budget arrangements.

## **RECOMMENDATIONS**

- i. To note the conclusions of the joint commissioning review panel.
- ii. To support the implementation of the panel's conclusions.

## **REPORT DETAIL**

1. In March 2011, the shadow Health and Wellbeing Board (HWB) agreed to use the Reablement and NHS Support for Social Care funding for the two financial years 2011/12 and 2012/13 to deliver a programme of pilot services with the aim of delivering benefits to patients and service users and providing financial savings to Health and Adult Social Care (ASC).
2. As a series of pilot services, the need for evaluation was always envisaged in order to determine the benefits that were achieved and to inform future commissioning intentions across both health and social care services.
3. The joint commissioning review required the providers of each of the pilot services, alongside the transformation team project managers involved in establishing the services, to present to a panel using a consistent framework. The review considered the service costs, and the potential savings and non-financial benefits provided.

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4. The panel took place on 23<sup>rd</sup> May 2013, the members were:
  - Councillor Steven Kelly
  - Dr Gurdev Saini (Clinical Director)
  - Joy Hollister (Group Director)
  - Alan Steward (CCG)
  - Paul Grubic (interim Head of Adults Social Care)
  
5. The review panel heard presentations and questioned the presenters before reaching consensus on the recommend outcomes for each pilot service, which are summarised below:

<b>Pilot Service</b>	<b>Joint Commissioning Review Outcome</b>
<i>Dementia services:</i>	
Peer Support	Decommission the pure peer support service Mainstream the singing for the brain peer support service
Information & Advice	
Additional Support for Carers	Mainstream the service
Training and Development	Mainstream the service
<i>Chronic Obstructive Pulmonary Disease (COPD) services:</i>	
Pulmonary Rehabilitation	Mainstream the service
Telehealth	Mainstream the service
<i>Falls Prevention services:</i>	
Training in Care Homes	Mainstream the service
Outreach Programme	Mainstream the service
Exercise Programme	Mainstream the service
<i>Telecare services:</i>	
On Track	Mainstream the service
Learning Disabilities	Mainstream the service
Rapid Response	Mainstream the service
<i>Integrated Case Management</i>	Continue the service with adjustments until the end of the current contract and then review again
<i>Help not Hospital service</i>	Continue the service with adjustments until the end of the current contract and then review again

6. The full detail of the review outcome is attached as Appendix A. In addition to outlining the decision and rationale, it provides a high-level summary of the actions to be completed by 30 September 2013.
  
7. An executive decision by the Council is required to formalise these recommendations ahead of their implementation, which would be undertaken in line with appropriate contractual procedures, so the Board is requested to give this its support.

**IMPLICATIONS AND RISKS**

**Financial implications and risks:**

The funding sources for the proposed mainstreamed services are subject to further discussion and decision. Suggested funding sources for each service have been proposed, the different funding streams are the NHS Support for Social Care grant, CCG and Public Health. Those services that would fall to Adult Social Care could amount to some £568k during 13/14, if all continue, which would be funded by the NHS grant. A view would then be taken to mainstream as appropriate and identify suitable budget going forward. To date all costs falling to the Council have been met by the NHS grant.

It should be noted that all figures are estimates based on current cost. These may be subject to change as services are re-commissioned.

Caroline May – Strategic Finance Business Partner (Children’s, Adults, Housing and Public Health)

**Legal implications and risks:**

As long as any service decommissioning is carried out in line with agreed contract terms at the stated contract end date the likelihood of any legal risk is limited.

Stephen Doye – Legal Services Manager

**Human Resources implications and risks:**

There are no direct HR implications or risks to the Council that can be identified at this time where delivery of the services under review is undertaken by an external provider. In the Falls Prevention area, a fixed term post had been funded with the contract term expiring in mid July 2013. The postholder was engaged by the Council on a secondment basis from their originating employer, NHS ONEL. Their employing area, Public Health, was transferred into the Council from 1 April 2013. Any potential HR issues that may arise will be dealt with appropriately, in line with the Council’s, or the contractual NHS, HR policy framework or employment legislation, once the outcome of the review is known.

Eve Anderson – Strategic HR Business Partner (Children’s, Adults & Housing and Public Health)

**Equalities implications and risks:**

As part of the commissioning of the pilot services, equalities impact assessments were undertaken. The implementation of the review outcomes will need to take into

account any potential equalities implications at part of the rec-commissioning/de-commissioning process.

Appendix A – Outcomes from Joint Commissioning Review

**BACKGROUND PAPERS**

Previous reports on the NHS Support for Social Care programme to the shadow HWB during the period March 2011 to March 2013.

## APPENDIX A

Ref	Service	Decision & Rationale	High-level key actions
1	Dementia: Peer Support	<p><b>Decision:</b> De-commission pure peer support service from 30 Sept 2013 as per current contract terms. Mainstream adoption - re-commission SFTB peer support service with adjustments through discussion with the provider to incorporate: service user payment via direct payments, development of organic growth so more sessions are held and the service reached more people, through developing self-help delivery and the voluntary sector and building service capacity, relook at venues to see if potential for council to provide venues, consider how it links with dementia care pathway.</p> <p><b>Rationale:</b> Clear demand for the SFTB service as clients are willing to pay and sessions are full a few months after being established, less so for pure peer support. SFTB sessions include 1hour of peer support and 1 hour of SFTB. Quality impacts for people were evidenced.</p>	<ul style="list-style-type: none"> <li>• Notify Alzheimer's Society of decision by 30 June 2013</li> <li>• Identify commissioning resource to undertake the work with AS to develop a specification of revised service so new service ready for 1st Oct 2013</li> <li>• Agree approx service cost and funding source (potential to use of mainstream ASC budget/NHS Support)</li> <li>• FUNDING REQUIRED - current service cost £55,532 per annum</li> </ul>

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Ref	Service	Decision & Rationale	High-level key actions
2	Dementia: Information & Advice	<p><b>Decision:</b> De-commission Dementia Information &amp; Advice service from 30 Sept 2013 in line with current contract terms.</p> <p><b>Rationale:</b> Successful in the outputs achieved but difficult to make causal link between activity and impact. Panel felt that work done had achieved all it could but that continued information and advice should be delivered by existent services through a more holistic approach aligned to ASC/Customer Services vision.</p>	<ul style="list-style-type: none"><li>• Notify Alzheimer's Society of decision by 30 June 2013</li><li>• Identify commissioning resource to ensure the current service is delivered and closed down with minimal negative impact by 30 Sept 2013 ensuring all contractual commitments are fully complete.</li><li>• As part of ASC/Customer Services review and review of dementia care pathway, the places where information and advice are provided should be mapped to ensure all channels are known about and used effectively.</li></ul>

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Ref	Service	Decision & Rationale	High-level key actions
3	Dementia: Additional Support for Carers	<b>Decision:</b> Mainstream adoption of this service through the carer's assessment process, funded through the carer's support budget and use of direct payments. <b>Rationale:</b> Following a reduction in hourly fee, demand for the service is growing. Service impact is well evidenced.	<ul style="list-style-type: none"><li>• Notify Crossroad Care Havering of decision by 30 June 2013</li><li>• Identify commissioning resource to undertake the work with Crossroads Care and ASC service to ensure referrals for the service are embedded into ASC processes and re-commission service to ensure continued provision from 1<sup>st</sup> Oct 2013.</li><li>• Forecast under-spend against budget of approx £12k due to initial low levels of service take-up.</li><li>• Agree funding source (potential to use mainstream ASC budget/NHS Support )</li><li>• FUNDING REQUIRED - £50,100 per annum but reduced to £37,492 due to predicted under-spend brought forward from previous contract.</li></ul>



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4	Dementia: Training and Development	<p><b>Decision:</b> Continue service with adjustment that the 0.6 FTE role is transferred to the ASC Workforce Development team until end of current contract and then review again.</p> <p><b>Rationale:</b> The role supports the improvement in service quality in care homes but could be have a much broader and holistic remit than the current one purely focussed on dementia services. There is potential duplication and overlap with ASC workforce development service. There is the potential to market workforce development services to local service providers.</p>	<ul style="list-style-type: none"><li>• Copy of care home audit report to be circulated to Joy, Alan and Paul</li><li>• Identify resource to liaise with HR and employee to explore potential to transfer the role between service areas.</li><li>• Effect the staff transfer as quickly as possible</li><li>• Reconsider the need for the role as part of the forthcoming ASC service restructure.</li><li>• Agree funding source (potential to use mainstream ASC budget/NHS Support)</li><li>• FUNDING REQUIRED - Dementia Liaison Worker cost £45,000 per annum based on FTE at PO2 salary grade</li></ul>

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Ref	Service	Decision & Rationale	High-level key actions
5	Help not Hospital	<p><b>Decision:</b> Continue service with adjustments to make the service more targeted to meet specific requirements (rather than quite generalist) until end of current contract end of Sept 2013 and then review again.</p> <p><b>Rationale:</b> The service has been operational for just over 6 months. Deeper understanding of the benefits are needed and how it links into the current service pathways, e.g. links to ICM, and community budgets. (via PCSOs).</p>	<ul style="list-style-type: none"> <li>• Copy of Evaluation Report based on Camden service to be circulated to Joy, Paul and Alan -complete</li> <li>• Notify British Red Cross (BRC) of decision by 30 June 2013</li> <li>• Identify commissioning resource to undertake the work with BRC, ASC and CCG ICM lead, to amend the service provision so that it is more targeted and a deeper understanding of the benefits can be gained over the remainder of the current contract to 30 Sept 2013. A key issue is that obtaining benefits information is not simple and will require dedicated ASC and Health resources and it is likely to raise issues with access to information. It is recommended that the commissioning resource produce a benefits specification that provides an understanding of what is required and that clearly identifies actions and accountabilities that need to be met from each part of the system</li> <li>• Review the service again in August to inform future commissioning decision.</li> <li>• Cost for service continuation for a further 12 months would be approx £110k. If appropriate, agree funding source (potential for use of mainstream ASC budget/NHS Support)</li> </ul>

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Ref	Service	Decision & Rationale	High-level key actions
6	ICM	<p><b>Decision:</b> Continue with the service as it is until end of current contract but review/change the model during this time and then review again in 3<sup>rd</sup>-4th quarter of 2013/14.</p> <p><b>Rationale:</b> A more granular evidence base is required. The service delivery model and the mix of patients selected needs to be reviewed to make it work for both health and social care in Havering.</p>	<ul style="list-style-type: none"><li>• Identify resource to work with the Havering CCG and NELFT to review the current model, redevelop and then implement the changed model so it works locally.</li><li>• Effective service performance monitoring to be established, which is regularly reviewed through 2013/14.</li><li>• Outcomes of revised model to be reviewed and fed into CCG NELFT contract re-negotiations in due course.</li><li>• Agree approx service cost and funding source (CCG most appropriate funding source, rather than mainstream ASC budget/NHS Support)</li><li>• FUNDING REQUIRED - current service cost £887,000 per annum (NELFT), plus approx. £120,000 for 3 social care staff based on current service model</li></ul>

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Ref	Service	Decision & Rationale	High-level key actions
7	Falls Prevention: <ul style="list-style-type: none"> <li>• Exercise Programme</li> <li>• Outreach Programme</li> <li>• Training in Care Homes</li> </ul>	<p><b>Decision:</b> Mainstream adoption of these services with some adjustments once current services end in 2013/14.</p> <p><b>Rationale:</b> Services have evidenced outcomes but there is the need to consider how other services across the system (e.g. telecare) may have contributed. Further clarity is needed on how the falls services link to operational services. Potential for further work with frequent fallers and opportunities to work with leisure services to ensure appropriate health and wellbeing services are in place e.g. as a follow-on step for those who have completed the falls community exercise programme.</p>	<ul style="list-style-type: none"> <li>• A briefing on her work in care homes to be provided to Joy and Cllr S. Kelly (Jo Doubleday)</li> <li>• The Falls coordinator role to be continued (extension of current contract to Mar 2014 within the budget) to ensure benefits continue to be delivered and the services are contract managed.</li> <li>• Identify resource (Public Health, ASC) to work with the Havering CCG to review the current model, redevelop and then commission so it works locally.</li> <li>• Outcomes of revised model to be reviewed and fed into CCG NELFT contract re-negotiations in due course.</li> <li>• Agree approx service cost and funding source (likely to be shared between the CCG, mainstream ASC budget/NHS Support)</li> <li>• FUNDING REQUIRED - current service cost Community Exercise &amp; Care Home Outreach approx. £107k per annum. Care Home Falls Training £62,000 for all homes. Falls Co-ordinator current cost £50,000 per annum based on FTE at PO3 salary grade</li> </ul>

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Ref	Service	Decision & Rationale	High-level key actions
8	Telehealth	<p><b>Decision:</b> Extend COPD telehealth service from 30 Sept 2013 to 31 March 2014. Agree to mainstream adoption - CCG to lead on re-commissioning the service understanding the risks around re-procuring. Need to broaden scope to other long term conditions specifically heart conditions and link with Community Treatment Team (CTT) and ICM.</p> <p><b>Rationale:</b> Issues identified from the initial commissioning but actions to rectify these are underway. Acknowledge need for continuity of service until revised model can be commissioned and implemented. Needs to be part of the COPD pathway. Strong evidence of impact.</p>	<ul style="list-style-type: none"> <li>• Transformation team continue with actions to address issues.</li> <li>• Identify service costs for 6 month extension and agree funding source.</li> <li>• FUNDING REQUIRED (CCG most appropriate funding source, rather than mainstream ASC budget/NHS Support) - current service cost is approx. £26,000 per annum, though this was incorrectly specified so isn't sufficient so suggest £90,000 per annum is more realistic</li> <li>• CCG to extend current contract variation for telehealth service</li> <li>• CCG to develop and lead on plan to re-commission the service with a broadened scope for 1<sup>st</sup> April 2014.</li> </ul>
9	Pulmonary Rehabilitation	<p><b>Decision:</b> Extend PR service from 30 Sept 2013 to 31 March 2014. Agree to mainstream adoption - CCG to lead on re-commissioning the service as this forms part of their CSP.</p> <p><b>Rationale:</b> Needs to be part of the COPD pathway. Strong evidence of impact. A conversation at HWB is needed around the potential to develop a targeted exercise programmes once patients have completed the PR exercise programme, in order to maintain benefits. (same applied to falls)</p>	<ul style="list-style-type: none"> <li>• Identify service costs for 6 month extension and agree funding source.</li> <li>• FUNDING REQUIRED - current service cost is approx. £85,000 per annum. (CCG most appropriate funding source, rather than mainstream ASC budget/NHS Support)</li> <li>• Dialogue with CCG to take place to share knowledge and lessons learned from the current pilots to inform mainstreaming decision and CCG extension of the current contract variation for PR service</li> <li>• Agenda item for future HWB within 4 months</li> </ul>

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Ref	Service	Decision & Rationale	High-level key actions
10	Telecare Pilots: <ul style="list-style-type: none"><li>• On Track</li><li>• Learning Disabilities</li><li>• Rapid Response</li></ul>	<b>Decision:</b> Agree to mainstream adoption. AT partnership workstream board to consider service development, funding and sustainability. Combine remaining project budgets together into one. It was acknowledged that NHS Support funding needs to be used to fund ASC AT weekly service charges until alternative in place. <b>Rationale:</b> Strong evidence of impact but more work needed to fully understand the benefits for all partners.	<ul style="list-style-type: none"><li>• Combine AT project budgets</li><li>• Establish AT partnership workstream board.</li><li>• Deliver sustainability funding arrangement by Sept 2014.</li><li>• FUNDING REQUIRED - current service cost is approx. £200,000 for ASC weekly client telecare charges per annum plus cost of equipment</li></ul>