

## Integrated Commissioning, Transformation and Community Capacity Review - Draft Business Case

Portfolio:	Adult Social Care, Reform and Governance
Outcome:	People are able to make informed choices and look after themselves People who need support get it
Project SRO:	Andrew Webb
Project Lead:	Sally Wilson, Donna Sager

### 1. Executive Summary

It is proposed to review and more fully integrate:

- Commissioning functions across the Council and the Clinical Commissioning Group (CCG), in order to better support the Joint Director of Commissioning and Health and Care Integrated Commissioning Board;
- Transformation and Reform capacity, to implement the decision of Stockport Together leaders to move to a single Programme Management Office for Stockport Together; and,
- Community capacity development activities and functions across the organisation to ensure a cohesive offer which supports to delivery of our partnership priorities including: Stockport Together, Stockport Family and Inclusive Growth.

All aspects of the review are interdependent with the Stockport Together Programme.

This business case outlines a review of services, staffing and functions with an aim to streamline and realise savings of £0.650m (£0.350m from integrated commissioning, transformation and reform and £0.300m from community capacity building).

### 2. Case for Change

Stockport Council, Stockport Foundation Trust and Stockport CCG have been progressing ambitious plans to develop an integrated approach to Health and Social Care in Stockport. This work has involved partners working ever more closely on strategic, tactical and operational delivery. In light of this, it is timely to consider opportunities for partners to further align and integrate activities and functions which support commissioning, change and capacity building to better support the delivery of critical work in this area. This review will look across all three areas and seek to understand the complementary elements of each component with a view to designing a new model from 2019/20 onwards. A consideration of any interim funding opportunities to support the transition to the new model will be explored across all areas.

A summary of considerations for each of these areas individually is outlined below:

#### a) Integrated Commissioning

Health and care service commissioning and commissioning support activity is currently carried out (to a greater or lesser extent) by:

- All Directorates in the local authority;
- The NHS Clinical Commissioning Group (CCG); and,
- The Greater Manchester partnership.

The appointments of a Joint Director of Commissioning between the Council and CCG, and the ongoing alignment of commissioning through the Health and Care Integrated Commissioning Board both suggest a need for greater consistency and knowledge sharing by commissioners.

The planned review will design a new integrated, all-age, commissioning function between the Council and CCG. This work will streamline processes, remove duplication and deliver other efficiencies that enable spending to be reduced. This review will also consider any future requirements or outcomes from the Greater Manchester commissioning review being led by the Greater Manchester Health and Social Care Partnership (GMHSCP).

#### b) Transformation and Reform

Recently, the Stockport Together Executive Board agreed to implement a single Programme Management Office, bringing together transformation skills from the Council, Foundation Trust and CCG. At the same time, the Stockport Together programme has moved from its design stage into delivery, with the creation of Stockport Neighbourhood Care.

The planned review will integrate Transformation and Reform roles into the Council's Policy, Performance & Reform function, to be deployed as needed into across Stockport Together programmes. Spending on staffing budgets will be reduced to reflect both the reduced demand for support and the more integrated nature of the future delivery model.

#### c) Community Capacity Building

Connected and resilient communities are a key priority for Stockport and are the foundation from which our Partnership and Council ambitions and delivery programmes (Stockport Together, Stockport Family and Inclusive Growth) are built upon. This ambition is embedded within Stockport Together which seeks to create healthier communities through the transformation of the relationship between people, services and communities, through delivery of person and community centred care.

The Council has been working closely with Partners, as well as internally, to reshape the way it approaches and structures its relationships with communities and develop a circle of support to Stockport's communities which considers access to information, advice and guidance, access to investment funding, access to space, and access to support and/or expertise. From a Stockport Together perspective this is particularly focussed upon:

- Easy access and empowering people to access the information resources and online support that people need to manage their health including long-term conditions
- Growing networks of peer support and voluntary activity to improve social connection and sustain long-term change
- Capacity to provide targeted coaching support to help people learn the skills, develop the motivation and confidence to manage their own condition

Across the Council and in some local partners there are a range of activities that seek to strengthen community capacity as well as embed asset based approaches within our neighbourhood based teams. Whilst this work has delivered some good examples of collaborative working it is not always aligned with local priorities or joined-up. This review offers the opportunity to build on the best practice demonstrated both in

Stockport and elsewhere to build a cohesive community capacity development offer which is able to work to work towards shared goals and respond to local and partnership priorities.

### **3. Project / Programme Proposal**

#### **3.1 Project / Programme Vision**

This review will look across commissioning, transformation and reform, and community capacity development to deliver a streamlined and partnership approach across a range of functions and activities that will rationalise resources, improve the efficiency of processes and enable a shared approach and ethos is embedded across partners. In the first instance this review will consider Adult Social Care and Public Health capacity but will go on to inform an all age offer to ultimately ensure that capacity and skills are effectively deployed across the partnership.

Through this approach an avoidance of duplication and improved deployment of staff will support key commissioning functions and achieve better value for money from suppliers to the Council through a joined up and robust approach to contract management. Greater alignment of and with community capacity building skillset alongside the use of improved systems can help bring commissioning closer to the neighbourhood level and communities closer to key partnership priorities enabling better outcomes achieved for individuals and delivery of efficiencies across partners.

Through the pooling of partner resources and a cross transfer of skills and experience closer overview and performance management of commissioned services will improve both the outcomes specified and drive out inefficiencies / waste.

#### **Scope**

##### **3.1.1 Approach**

A phased approach will be undertaken to a review of capacity across these three areas. In the first instance this will consider capacity within Adult Social Care and Public Health however the following considerations will also be taken into account more broadly and as the model further evolves: in developing a new model

- A review of existing activity and associated priorities and outcomes;
- Consideration of GM initiatives across all three components;
- A review of existing skills, expertise and capacity and a consideration of future requirements;
- Consideration of local learning and best practise as well as national exemplars;
- Consideration of alternative funding streams;
- Consideration of the issues and areas that collaborative working with communities can best add value (building on local learning and national best practice) and identification of opportunities for a programme of community led 'invest to save' initiatives;
- The positive commitments from the council and partners for collaborative working and coproduction with communities;
- Cross-organisational community capacity building activity and support roles;
- A phased approach to designing the new model.

### 3.1.2 Services and Budget

Service Budget	2017/18 Current Gross Budget (before reductions) £m	2017/18 Current Income (before reductions) £m	2017/18 Current Net Budget (before reductions) £m
Management	0.418	(0.000)	0.418
Payments	0.151	(0.000)	0.151
Choosing & Purchasing	0.492	(0.000)	0.492
Information & Knowledge Management	0.065	(0.000)	0.065
Quality Assurance	0.350	(0.000)	0.350
Contract Management	0.101	(0.000)	0.101
Modernisation	0.149	(0.090)	0.059
Health Policy	0.285	(0.061)	0.224
Health Policy Grants	0.168	(0.069)	0.099
Supporting People	0.138	(0.000)	0.138
Public Health	0.045	(0.000)	0.045
Community Capacity (ASC and PH)	0.307	(0.000)	0.307
<b>Total</b>	<b>2.669</b>	<b>(0.220)</b>	<b>2.449</b>

### 3.1.2 Staff

The table below provides information about the staff in scope of this project:

Service area	Headcount	No of FTEs
Management	6	6.00
Payments	4	4.00
Choosing & Purchasing	21	18.81
Information & Knowledge Management	3	2.43
Quality Assurance	12	11.17
Contract Management	3	3.00
Modernisation	4	4.00
Health Policy	6	5.68
Supporting People Admin Grant	3	2.65
Public Health	1	0.86
Community Capacity (ASC and PH)	10	9.70
<b>Total</b>	<b>73</b>	<b>68.30</b>

### 3.2 Delivery Model Options and Preferred Model

Following the review of Commissioning, Transformation and Reform, and Community Capacity functions a range of options and service configurations will be developed for further consideration.

## 4. Objectives and Benefits

The primary objective is to streamline and reduce duplication across a range of service functions and activities. This will be through fully integrated services and teams and will rationalise the ways in which services are commissioned and managed through improved systems and processes. This will achieve better value for money whilst improving outcomes for those that use services and creating more efficient processes for the workforce.

## 5. Initial Investment Return/Income Generation Analysis

	2017/18	2018/19	2019/20	2020/21
<b>Current Net Budget</b>	<b>£2.449</b>	<b>£1.799</b>	<b>£1.799</b>	<b>£1.799</b>
<b>Cost of Change</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Financial Savings</b>	<b>0.000</b>	<b>£0.421</b>	<b>£0.421</b>	<b>£0.650</b>
<b>Transitional Funding</b>	<b>0</b>	<b>£0.229</b>	<b>£0.229</b>	<b>0</b>

<b>In Year Position</b>	<b>0</b>
<b>Cumulative Net Position</b>	<b>0</b>

## 6. Key Timescales

Milestone Description	Date Expected	Output at Milestone
Review current functions and activities.	Dec 17	Full scoping of included services and functions.
Design draft future model	Dec 17	Agreed inclusions / exclusions and milestones
Consultation on any changes to workforce	Jan 18 – Feb 18	Feedback and response on proposed model
Refine and implement model	Mar 18 – Apr 18	Implementation plan agreed.
Full implementation will be dependent on final agreement of the model.	TBC	

## 7. Consultation and Engagement

Consultation and Engagement will be undertaken to shape the integrated functions outlined above.

Engagement will be comprised within a programme plan for change which will be supported through a coordinated programme approach and governance.

Specific groups for engagement include:

- **Partners** – cross sector partnership engagement on a future offer;
  - Health and Care Integrated Commissioning Board;
  - Provider Alliance Board;
  - The Joint Commissioning Board;
  - Greater Manchester Health and Social Care Partnership – to ensure alignment with the Greater Manchester commissioning review.
- **Elected Members** – with relevant Cabinet members and with Scrutiny Committees;
- **Staff** – Formal consultation will be required with directly affected staff.
- **Communities** – ongoing engagement on future offer and collaboration between communities to inform the programme of community led design initiatives.

Initial engagement with strategic partners commenced in December with a particular focus on considering alternative funding sources and identifying early efficiencies. This business case will now be proceeding with formal staff consultation exercises where required on reshaped models. Ongoing engagement with other appropriate partners outlined above and including representatives of the VCSE sector will be undertaken throughout the development and implementation of the new models.

## Interdependencies, Constraints and Risk

Risk Description	Risk Owner	Broad Risk Response	H/M/L
Review disrupts key Council and Partnership priorities and deliverables with communities (e.g. <i>Neighbourhood Teams, Community Investment Fund, Stockport Together Healthy Communities and Inclusive Growth</i> )		<p>Ongoing transparent engagement with relevant teams and stakeholders.</p> <p>Reshaped offer across the organisation which ensures necessary capacity and skill set is allocated to support these core deliverables.</p> <p>Identification of alternative funding streams where appropriate.</p>	M
The pace at which the integrated approach develops and does not realise efficiencies within the desired timescale.	Corporate Director for	Early sign off of proposed models for integration and senior leaders to champion and ensure organisational pace of change across the partnership.	M
Alternative funding sources are not agreed and / or are time limited resulting in a real reduction in workforce capacity to deliver the transformation and savings programmes.	Peoples Services; Deputy Chief Executive; Relevant Heads of Service	Early identification of potential funding sources that ensure at least 2 years funding. Undertake the appropriate and governance arrangements prior to the start of the financial year.	M
Review disrupts or impacts upon key community relationships and trust between local communities and the Council		<p>Ongoing transparent engagement with relevant stakeholders.</p> <p>Any changes in current offer to be managed with an appropriate lead in time to minimise adverse impact on existing relationships and activities.</p>	M
New models of home care services and system reviews do not deliver the anticipated efficiencies within commissioning functions.		Models to be developed based on best practice and knowledge of current challenges and opportunities.	M

## **APPENDIX 1**

### **EQUALITY IMPACT ASSESSMENT**

<b>Title: Integrated Commissioning, Transformation and Community Capacity Review</b>	<b>Date: 5th January 2017</b>
	<b>Stage: Draft</b>
	<b>Lead Officer: Steve Skelton and Sally Wilson</b>

#### **Stage 1: Do you need to complete an Equality Impact Assessment (EIA)?**

The services in scope of this review support the development, design and implementation of new ways of working of Adults and Public Health services within Stockport. The skills and support required range from commissioning to community capacity building to change expertise.

The first phase of this work will involve a review of staffing within Adult Social Care and Public Health before

This won't have an impact on front-line service delivery as these are largely back-office functions and as such it is not envisaged that an EIA is required at this stage. It is acknowledged that this proposal may result in a different offer to key partners including our voluntary, community and social enterprise sector and as such the Council remains committed to ongoing engagement with partners to shape and inform future working arrangements.

#### **Stage 2: What do you know?**

Not applicable at this stage.

#### **Stage 2a: Further Data and Consultation**

Not applicable at this stage.

#### **Stage 3: Results and Measures**

Not applicable at this stage.

#### **Stage 4: Decision Stage**

This EIA will accompany the proposal through the decision making stages.



