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|------------------------------|-------------------|---|--------------------------------|
| * Name of proposal/policy | Partnerships | * Budget number | 16-001-17 Partnerships |
| * Service area responsible | Adult Social Care | * Cabinet meeting date | 14 th February 2017 |
| * Name of completing officer | Anna Earnshaw | * Approved by Director / Assistant Director | Anna Earnshaw |
| * Version | 1.2 | * Date | 6 TH February 2017 |

PART A

| * Section 1a: Description of proposal under consideration/development | * Section 1b: Is this new or existing? Does it link to current provision? |
|---|--|
| <p>Working with the Clinical Commissioning Groups (CCGs) and with the support of external consultants, we have identified significant common expenditure, duplicated effort and the ability to deliver more effectively through integrated commissioning in relation to</p> <ul style="list-style-type: none"> - Safeguarding work, - Learning Disability services, and - Mental Health services. <p><u>Safeguarding</u> -The proposal is to combine and rationalise our operations and share resources for quality monitoring and safeguarding across the county. This will provide a consistent and comprehensive set of services across the</p> | <p><u>Safeguarding</u> is currently undertaken by ASC and the CCGs as separate and discrete activities and supported by separate quality monitoring plans. This can lead to the duplication of effort and difficulty for providers who face reviews from NCC, Health and CQC which can have three different processes, documentation and actions plans. This can affect their ability to respond and there is evidence that this is adversely impacting new supply in areas like home care where new providers need improvement support not just compliance and control checks.</p> <p>To put in place a new joint capability would require that we ensure the statutory duties of all partners are still met, that there is no reduction in the levels of required monitoring overall and that safeguarding activity is</p> |

social care and health population and create a wider scope of activity in relation to quality monitoring work and market improvement.

The LD strategic transformation – Health and ASC are jointly spending £83.6m per year and on current trends this is forecast to rise £97.4m in 2020. 80% of this expenditure is incurred by NCC and 20% by health. We are not however getting better outcomes for this spend. Customer numbers are not increasing but the cost of packages are and on current trends are rising at over £2m per annum.

This proposal is supported by a comprehensive business case that evidences the fact that LD expenditure per adult in Northamptonshire is up to twice as much when compared to like authorities, due to:

- care costs;
- lack of strategic market management;
- providers dictating the costs they will charge;
- a lack of a whole-system approach, with common providers and skills in the right place; and
- the impact of assessment and review activity delays and systems

Based on the evidence provided, we anticipate that health and social care could save up to £30m over 3-5 years if we pool our joint spend and procure an outcome based strategic contract for all LD services supported by a new joint commission team, shared assessment processes and incentivised model of delivery.

The Mental Health transformation is a shared programme with health. We jointly spend c£60m on year with 85-90% of the spend incurred by Health and 10-15% by NCC. This proposal is also currently being developed with health, NCC internal support and external consultants and is expected to identify up to £3m of savings that could be realised by more strategic procurement and service design.

appropriate and timely. Processes will need to be refined and consolidated to create a more joined up and effective assurance function.

The LD and mental health strategic transformation programmes will be undertaken in a two phase process to deliver improved outcomes at a better cost, the phases being:

- Phase 1 - To co-locate teams, commence joint assessments and joint brokering of services and solutions to meet service user needs based on integrated commissioning approaches.
- Phase 2 – to procure strategic arrangements for delivery of the services through a prime provider who oversee a range of services for the cohort through direct delivery, sub-contracting or community solutions and will deliver a significant savings through the economies of scale and health/NCC partnering

The Mental Health transformation

Joint transformation of mental health service provision, outcome contracting and options for more efficient and integrated delivery are being developed across NHFT, CCGs and NCC. The business case is under development and will look at how services are delivered and ways of improving outcomes, efficiency, the management of the services and market supply.

*** Section 2: How does this align with the Council Plan/ corporate priorities/ partnership strategies and plans/ Next Generation Council?**

| | |
|--|---|
| Delivers increased wellbeing and/or safeguarding by ensuring that... | ✓ |
| People of all ages are safe, protected from harm and able to live happy, healthy and independent lives in our communities | ✓ |
| People have the information and support they need to make healthy choices and achieve wellbeing | ✓ |
| People achieve economic prosperity, in a healthy, low carbon economy which gives access to jobs, training and skills development | |
| Communities thrive in a pleasant and resilient environment, with robust transport and communications infrastructure | ✓ |
| Resources are utilised effectively and efficiently, in coordination with partners and providers | ✓ |

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| Does it align with any NCC/ partnership strategies and plans? (if so, please list below) |
| ASC Business Plan; Next Generation Council; Better Care Fund Plan; Sustainability & Transformation Plan |

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| Does it support the transformation into a Next Generation Council? (if so, please explain below) |
| Yes. Closer working with partners and integrated working is one of the objectives of the Next Generation Council and being in the federated vehicle will allow new and innovative ways of engaging with partners and providers. |

*** Section 3: If this relates to a statutory duty, please give details of the relevant legislation below:**

The Care Act 2014 requires the authority to meet eligible care and support needs, ensure the sustainability of the market and safeguard vulnerable adults.

Section 4: Have other alternatives been considered?

The status quo has been considered, where safeguarding remains an activity within the authority only but this means that we may continue to duplicate effort and cannot widen our quality monitoring reach and activity. It will also mean that providers will continue to face monitoring from multiple bodies using different processes, forms and approaches.

The LD and mental health commissioning could continue to be undertaken by NCC alone but based on the evidence provided it is clear that providers in the market are manipulating health and social care and exploiting any gaps or disagreements between us. This is evidenced by the fact that we have 15 common suppliers with whom we spend £11m but from who we get very different prices for the same services.

The current provision of LD and mental health services does not have the benefit of the economies of scale that a combined procurement and commissioning would provide.

* Section 5: Financial / resource implications

a) Costs (e.g. invest to save)

POTENTIAL INVESTMENT ITEMS

- Procurement project, market and tendering support
- Financial modelling and support – LGSS finance
- Project management
- External resources – business cases
- Additional resources to support strategic procurement and commissioning programme
- Market engagement events

b) Staffing implications

This project may have staffing implications or safeguarding and quality, commissioning and the brokerage but the potential for joint working and teams to oversee these proposals have already been taken into account in the planned TOM and staffing and restructure proposals being explored.

c) Savings

Total proposed savings: - £5,250,000 in 2017-18.

Section 6: Has a similar initiative/proposal been implemented elsewhere? What were the benefits or risks? Are there lessons that can be learned?

There are examples of joint safeguarding and commissioning activity across the social care and health system and is a common theme of the sustainable transformation programmes.

Strategic procurement based on outcomes, prime provider models and risk and reward contracts have become common place across the market. Specific examples are

- London Borough of Lambeth – Learning disabilities and mental health
- Croydon – older people
- Somerset - Whole population (national vanguard)
- Newcastle and Maidenhead - Care homes (national vanguard)
- Richmond – care close to home
- Warrington - Intermediate care

Cambridgeshire and Peterborough's uniting care partnership for the delivery of older people's and adult community services was seen as ambitious and innovative but was ultimately an unsuccessful venture. The National Audit Office reported that it failed for financial reasons and in particular the lack of commercial skills in assessing the required transformation funding, the unrealistic levels of savings assumed and lack of accurate data on which bidders could price. The lessons from this failure are being fed into the design work now being undertaken to shape this proposal and external support is being jointly used to assess the risk, savings profile and required investments.

THIS SECTION HAS REPLACED THE EQUALITY IMPACT ASSESSMENT FORM AND MUST BE COMPLETED TO DEMONSTRATE COMPLIANCE WITH THE EQUALITY DUTY

*** Section 7: Who will be affected by this proposal? (this may be service user data, or be based on a particular geographical area or more general population data depending on the proposal) Include demographic information where this is available e.g. breakdown by gender, age, ethnicity, disability etc. BIPI can support with the provision of data. You may include staff, partner organisations and any other stakeholders who might be affected by the proposal.**

| Data Source (include link where published) and summary of what it tells us for example “X number of people use this service, X are male, Y are female etc.” | Why is this relevant to the proposal? | | | | | | | | | |
|---|---|--|------------------------|--------|-----------------------|-----|-----------------------------|-------|--------------|--------------|
| Adult Safeguarding data 2015/16 (BIPI) | <p>During 2015/16, a total of 4,364 alerts were received by NCC in relation to individuals and institutions.</p> <p>A total of 2,313 referrals were made.</p> | | | | | | | | | |
| Safeguarding data from other partners will be used to ensure that the joint approach is sufficient to safeguard adults in Northamptonshire. | | | | | | | | | | |
| Adult Social Care Client data 2015/16 (BIPI) | <table border="1"> <thead> <tr> <th data-bbox="1149 703 1644 743">Primary Support Reason</th> <th data-bbox="1644 703 2145 743">Number</th> </tr> </thead> <tbody> <tr> <td data-bbox="1149 743 1644 783">Mental Health Support</td> <td data-bbox="1644 743 2145 783">295</td> </tr> <tr> <td data-bbox="1149 783 1644 823">Learning Disability Support</td> <td data-bbox="1644 783 2145 823">3,534</td> </tr> <tr> <td data-bbox="1149 823 1644 863">Total</td> <td data-bbox="1644 823 2145 863">3,829</td> </tr> </tbody> </table> | | Primary Support Reason | Number | Mental Health Support | 295 | Learning Disability Support | 3,534 | Total | 3,829 |
| Primary Support Reason | Number | | | | | | | | | |
| Mental Health Support | 295 | | | | | | | | | |
| Learning Disability Support | 3,534 | | | | | | | | | |
| Total | 3,829 | | | | | | | | | |
| Data from Health on clients with a learning disability and requiring mental health support will be used to ensure a joined-up approach. | | | | | | | | | | |

*** Section 8: Based on the above information, will this proposal have an impact on the following? ✓ the relevant box for each line and then expand on the reasons why in Section 9**

| | Positive | Negative | Neutral | Unsure |
|---|----------|----------|---------|--------|
| Age | ✓ | | | |
| Disability | ✓ | | | |
| Gender reassignment | | | ✓ | |
| Marriage and civil partnership | | | ✓ | |
| Pregnancy and Maternity | | | ✓ | |
| Race | | | ✓ | |
| Religion or Belief (or No Belief) | | | ✓ | |
| Sex | | | ✓ | |
| Sexual orientation | | | ✓ | |

*** Section 9: Initial impact**

*** Section 9a: From your analysis in section 8 above, please explain the positive implications**

This work should have a neutral impact on the majority of protected categories.

For older people and learning disability clients, the proposals should have a positive impact on how their needs are met and the outcomes that we can help them achieve as we will be contracting for improved joined up services and performance in relation to national outcome indicators.

*** Section 9b: From your analysis above, please explain why you have categorised any implications as neutral**

N/A

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| * Section 9b: From your analysis above, please explain the negative implications | * Section 9c: What actions have you identified to mitigate any negative implications? |
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| N/A | N/A |
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| * Section 9d: From your analysis above, please explain the areas where you are unsure of the impact | * Section 9e: What actions have you identified to fill gaps in information? |
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| N/A | N/A |
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| * Section 10: Internal considerations: are there any implications for the following? | | |
|---|---------------|---|
| | ✓ or X | If there are any implications, please explain them here and identify any actions you may need to take as a result |
| <u>Staff</u> | ✓ | Impact managed under the “Staffing and Effective Structure” project and any required consultation in relation to changes of location, management or terms. |
| <u>Financial (NCC)</u> | ✓ | There will be a requirement for financial modelling support and data. |
| <u>Legal</u> | ✓ | There will be a requirement for legal support in the development of new contracting arrangements for Learning Disability and Mental Health and section 75 arrangements within the Better Care Fund |
| <u>NCC Policy</u> | X | No additional impact is foreseen |
| <u>Performance</u> | ✓ | Changes made under this work will require robust evaluation in order to determine whether these approaches are effective. It is likely that additional performance monitoring, probably linked to a new suite of indicators, will be required for this. |
| <u>Data quality / information security</u> | ✓ | Robust evaluation will require high quality data at the individual level. This should not place additional burdens in these areas but operating practice in handling data will need to be monitored in order to ensure ongoing compliance with corporate and legal standards. |
| <u>IT</u> | X | No additional impact is foreseen |
| <u>Strategic assets</u> | X | No additional impact is foreseen |
| <u>LGSS / federated bodies</u> | ✓ | There will be a need to have support from LGSS for the programme of work. |
| <u>Procurement</u> | ✓ | Procurement will need to support the development of the strategic options, the development of a joint procurement strategy and support for the tendering process |
| <u>Project support</u> | ✓ | There will be a need to have support from LGSS for the programme of work |
| <u>Other (if appropriate)</u> | X | |

| * Section 11: External considerations: are there any implications for the following? | | |
|--|---------------|--|
| | ✓ or X | If there are any implications, please explain them here and identify any actions you may need to take as a result |
| <u>Community impact</u> | ✓ | The intention is to deliver improved value for money so, ultimately, positive community impact. However, as with ongoing service delivery, care will need to be taken in delivery in order to ensure that all sectors of the community are able to access services. |
| <u>Impact on the consumer (e.g. communication needs, access, rurality, complaints)</u> | ✓ | As noted, changes to service provision need to be well understood and clearly communicated to customers in order to ensure that they are not perceived badly and result in appeals/complaints. |
| <u>Reputation</u> | ✓ | Changes in service delivery patterns and to the provider marketplace will require clear understanding and effective communication to avoid the perception that these changes are equated with service cuts in the minds of customers and the wider public. |
| <u>Political</u> | ✓ | See the comment on “Reputation”. The changes will need to be clearly understood and widely advocated. |
| <u>Partners</u> | ✓ | The changes proposed have the potential to impact providers in the Community and Voluntary Sectors, and upon partners in the other NCC federated companies, i.e. Children’s (at point of customer transition) and First for Wellbeing (changes in emphasis and evaluation related to prevention) so early involvement, common understanding and positive communication will be needed as the projects develop. |
| <u>Human Rights</u> | ✓ | Improved and joined up quality monitoring should result in a better scale of quality monitoring and improved safeguarding coverage. |
| <u>Health impact – individual</u> | ✓ | The proposals are expected to have a positive impact on health and wellbeing outcomes for Learning Disability and Mental Health clients |
| <u>Health impact – wider community</u> | X | No impact is foreseen |
| <u>Economic impact - individual</u> | X | No impact is foreseen |
| <u>Economic impact – wider community</u> | X | No impact is foreseen |
| <u>Community Safety impact</u> | X | No impact is foreseen |
| <u>Environmental impact</u> | X | No impact is foreseen |

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| Consultation | ✓ | See comments in other sections regarding the requirements for consultation and communication. |
| Other (if appropriate) | X | No other impact is foreseen |

Based on the impacts and considerations above, please identify the RAG status

| RAG Status | Overall RAG | Time | Proposal Delivery | Cash Saving | Risk | Issue | Dependency |
|------------|-------------|-------|-------------------|-------------|-------|-------|------------|
| | Amber | Green | Amber | Amber | Green | Green | Green |

| * Section 12a: What are the risks associated with NOT implementing the proposal? (tick if applicable) | ✓ | * Section 12b: What actions have you identified to mitigate the risks? Will anything in the current arrangements need to be changed to acknowledge this risk? Is implementing the proposal the only way to mitigate the risks? |
|---|---|---|
| Non-compliance with legislation or NCC policy | ✓ | The authority is expected to achieve best value for money in its work. Not making the proposed changes will result in services not having the capability to deliver this when selecting provision options. |
| Financial | ✓ | Total Learning Disability spending is forecast to grow from combined health & NCC £83.6m today to £97.4m in 2020 if the model of care is unchanged. £3.2m year on year increase in cost achieving lesser outcomes. Mental Health Spend will continue to grow and costs will rise due to the limited supply of in county solutions and accommodation options. |
| Change in performance/ data quality/ information security | ✓ | Not implementing this proposal is likely to lead to an under-developed provider market due to the lack of appropriate market shaping expertise in care management. Over time, this is likely to have a negative impact on performance due to care managers being unable to source appropriate placements at the appropriate time at a cost which represents good value for money to the authority and customer. |
| Reputational/ Political | ✓ | The authority is expected to achieve best value on behalf of the customer and the wider community. |
| Increase in complaints and/ or legal challenge | | This is not one of the drivers for implementing this proposal. |

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| Other | No other issues considered relevant. |
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*** Section 13: Budget Delivery Programme Highlight Report information – total amount allocated to savings proposal 2017-18 through to 2020-2021; profiled budget; 2017-18 action plan extended savings narrative; cost code information**

| | |
|---|--------------|
| Total amount allocated to savings proposal 2017-18 | |
| 2017-18 (£000) | 5,250 |

| | | | |
|---|-----------|-----------|-----------|
| Impact of saving within the budget profile | | | |
| Q1 | Q2 | Q3 | Q4 |
| 500 | 1,000 | 1,000 | 2,750 |

| | Milestone | Owner | By when |
|----------|--|-------------------|----------------|
| 1 | Negotiation of pooled arrangements with health | ALL | Jan17 |
| 2 | Section 75 agreed | MILESTONES | March 2017 |
| 3 | Service design and staff consultation | OWNED | April 17 |
| 4 | Market intent statement issued | BY | November 16 |
| 5 | Provider engagement events | ADULT SOCIAL CARE | December 16 |
| 6 | Tender process | SMT | December 17 |
| 7 | Contract award | MEMBERS | January 18 |
| 8 | Implementation of staffing restructure | | June 2017 |

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|------------------|--|
| Cost code | |
|------------------|--|

*** Section 14: Do you need to undertake further work (e.g. consultation, further proposal development, further equality analysis) based on the impact and actions identified above? If yes, set this out below and then carry out the work and complete Part B:**

This proposal will form part of the overall budget consultation process. Any feedback received (as well as any further intelligence gathered in the course of developing the project) will inform a final analysis of the impact of the proposal which will be considered by Cabinet and Council in February when taking a final decision on the budget. The EqlA will be updated accordingly.

PART B

Section 15: Consultation, follow up data and information gathered from actions identified above

| | What does this information tell us? |
|---|---|
| This proposal formed part of the overall budget consultation process. | We didn't receive any comments specifically on this proposal. However, there were general comments made regarding the proposals for Adult Social Care and concerns raised about how budget savings might impact upon the service that older people and people with disabilities receive and their outcomes. |

Section 16: Final impact analysis (taking the findings from Part B into account) – including review date if required

The final equality impact analysis is neutral for most groups and a positive impact for older people and learning disability clients. Ongoing monitoring will ensure that their needs are met and their outcomes are achieved through the improved joined-up services that this proposal will result in.