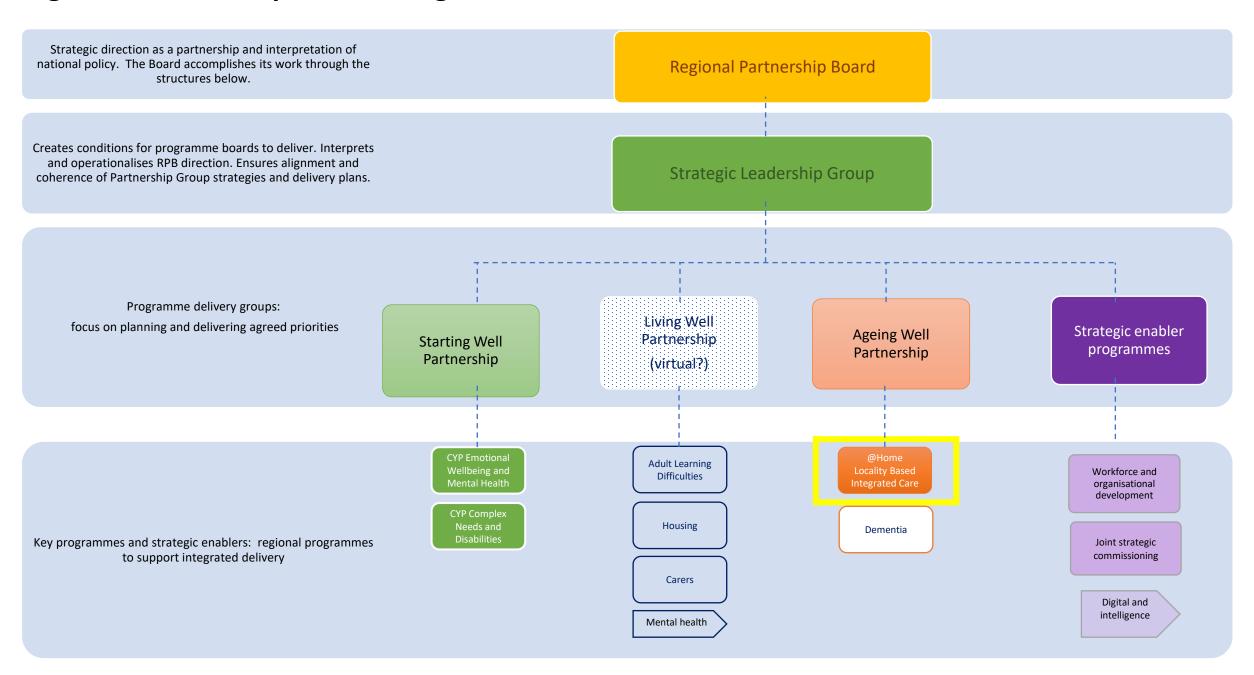




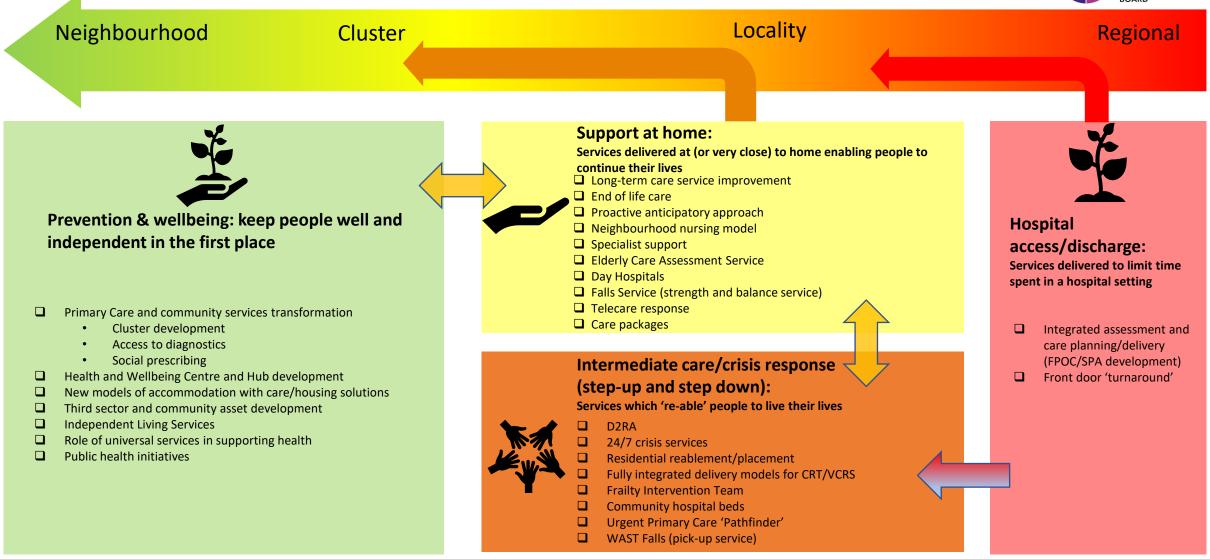
# Establishing an Alliance model for Wellbeing Services in the Vale of Glamorgan (February 2022)

### **Regional Partnership Board – High Level Governance Structure**



## Key buckets – the key areas of work for the programme





Alliance governance development: the locality alliance responsible for planning and delivering services to improve the health and wellbeing of the population



### **Services in scope:**

#### Access

# Accelerated cluster development

### Health & wellbeing centres

### Intermediate care

### Vale alliance establishment

### In scope:

Alignment of arrangements currently covered by:

- Contact1Vale: Wellbeing Matters
- First Point of Contact Cardiff
- Single Point of Access –Cardiff
- Links to CAV24/7

Physical access points:

- HWB Centres and hubs
- GP practices
- Council offices
- Emergency Unit

#### In scope:

Future integrated operating model including:

- Cluster community nursing
- Adult social care
- Independent living services
- Social prescribing
- General practice
- Community health services
- Mental health and LD services
- Palliative care and end of life

Development of ACD model:

- ACD commissioning model
- ACD delivery model

#### In scope:

Development and implementation of the role and function of HWBs in localities.

Capital delivery programme: Shaping our Future Wellbeing: In our communities

- CRI
- Barry Hospital
- North and West locality HWB Centre

#### In scope:

Future integrated operating model including:

- D2RA services: FPOC, Age Connects, Discharge Liaison Nurses, social work
- CRT and VCRS
- Acute Response Team
- WAST falls
- ILS falls response (community alarm service)
- Frailty Intervention Team/FOPAL
- Step-up and step down community beds including community hospitals and commissioned care home beds
- Mental health services

#### In scope:

Design and delivery of the Vale Alliance integrated locality model, including adult social care, PCIC community health services, mental health and LD, GMS.

Development of organisational model and associated governance.

### Out of scope:

999 and 111 - but linked

### Out of scope:

Children's services at this stage

Out of scope:

National GMS contract

### Ambition for the creation of an Alliance in the Vale

#### Aim:

To integrate health and wellbeing services as seamlessly as possible between the Vale of Glamorgan Council and the Cardiff and Vale University Health Board, for meeting and improving the health, social care and wellbeing needs of the whole population of the Vale of Glamorgan.

- By alliance we mean thinking, acting, behaving and making decisions as one, aligning our total assets and resources to better support people to achieve their ambitions.
- An alliance approach will enable our organisations to work more closely together, aligning the strengths and resources to the outcomes we are aiming to achieve.
- We will start with a phased approach to the adult population to test the approach and overtime we will expand this to include other age and needs groups

### Limiting the scope at first

To move towards a fully allied model for the Vale would involve dramatic changes within health and social care delivery and must be handled with due diligence.

Introducing a phased approach, progress can be made and evidenced, while ensuring that robust processes are followed within the responsible and accountable bodies.

### To do this, we propose the following:

- Address the existing temporary and jointly funded elements in a first 'tranche' of services to align
- Incorporate existing integrated services within the first phase to demonstrate the benefits of further integration
- Align the phasing of the alliance with current demands and pressures using integrated monitoring information from complementary services
- Phase incorporation of 'core-funded' services when the associated risks have been assessed
- Move in a flexible, agile manner in order to take advantage of service developments as they occur
- Ensure that the level of service provision and quality is not interrupted/adversely affected by the alliance development
- Enable citizens and partners appropriate time to become engaged with and consult on the proposed development and consideration of what services should be included.

# Improve population health and wellbeing through a focus on prevention

Clearly defined common vision

Common health outcomes and purpose

Dynamic approach to innovation and agility

Improved understanding of local health needs at individual and population

Ability to tackle determinants of ill health, chronic disease and disability

# Improve the experience and quality of care for individuals and families

Visible integration of services throughout structure (Tell Us Once)

Truly coordinated person-centred care

Increased ability to pre-empt demand and avoid crisis

A focus on 'what matters' to a person or family

Fewer people waiting for referrals or chasing up activity

# Why an Alliance Model?

Elimination of inequity between HR processes and staff conditions

Quick, responsive decision-making

Increased autonomy and flexibility to deliver services fit for purpose

Clear identity and common vision for the workforce

Improved workforce planning

Shared responsibilities not constrained by organisational differences

Opportunities for skill-sharing and skill-mixing

Wider development opportunities

Enrich the wellbeing, capability and engagement of the workforce

Increase the value achieved from funding of health and care through improvement, innovation best practice and reducing or eliminating waste

Use of one recording system enabling consistency
Eliminating duplication and associated risks
Reduction of waste in processes due to duplication
Elimination of conflict over resources and interventions
Earlier interventions and increased prevention activity
Incentive to improve outcomes, reduce cost and share gains/risks

### Where are the strategic drivers for the Alliance?

In order to reduce duplication and provide a seamless service in line with the strategic vision of 'A Healthier Wales' it is the ambition that a Vale Alliance is developed to encompass further integration. The intention is to achieve this through pooled resources that operate with delegated responsibilities from sovereign organisations to meet the ongoing assessments of health and wellbeing needs in the Vale of Glamorgan. The development of this project has thus far been funded through Transformation Funding and has enabled us to commence conversations as to how we further our integrated response to the needs of our population.

### Wales has legislation and policy to support integrated working:

- Social Services & Wellbeing Act (2014)
- Wellbeing of Future Generations Act (2015)
- A Healthier Wales (2018)

### Each organisation involved is strategically committed to taking steps that an alliance would compliment:

- Shaping our future Wellbeing (UHB)
- Shaping our future Clinical Services (UHB)
- @home programme (RPB)
- Vale of Glamorgan Council Corporate Plan
- Digital Health & Care Wales
- Adult Services Reshaping Programme

### **Evidence base**

There is a growing evidence base to support Alliance working in a variety of contexts, most notably in New Zealand and through integrated care systems in devolved areas of the UK.

# Services In Scope – Phase One

Vale Community Resource Service	Wellbeing Matters (Single Point of Access)	Third Sector Commissioned Services
Care and Support for Reablement Therapy; incl. Occupational Therapy Physiotherapy, SLT, Dietetics and Pharmacy Adaptations, Therapy & Rehabilitation Community Nurse Triage Social Work Assessment	Adult Services Intake & Assessment Adult Services Case Management Community Triage Service Customer Relations (Wellbeing) Telecare	Community Liaison/Third Sector Broker Housing-related Support Discharge Support Specialist Support

### **Potential Later Phase Services (for consideration)**

### e.g.

- Adult Social Care Mental Health/Learning Disability
- PCIC Locality/Neighbourhood nursing
- Primary Mental Health
- Housing with Care
- Support & Technology-Enabled Care
- Day Opportunities, Assisted Living & Care Homes
- Customer Relations (Other Services)
- Hospital Discharge
- Locality-Support Functions e.g. Brokerage, Finance, HR
- Community Hospital & Wellbeing Centres/Hubs
- Other clinical boards
- Services for children and families
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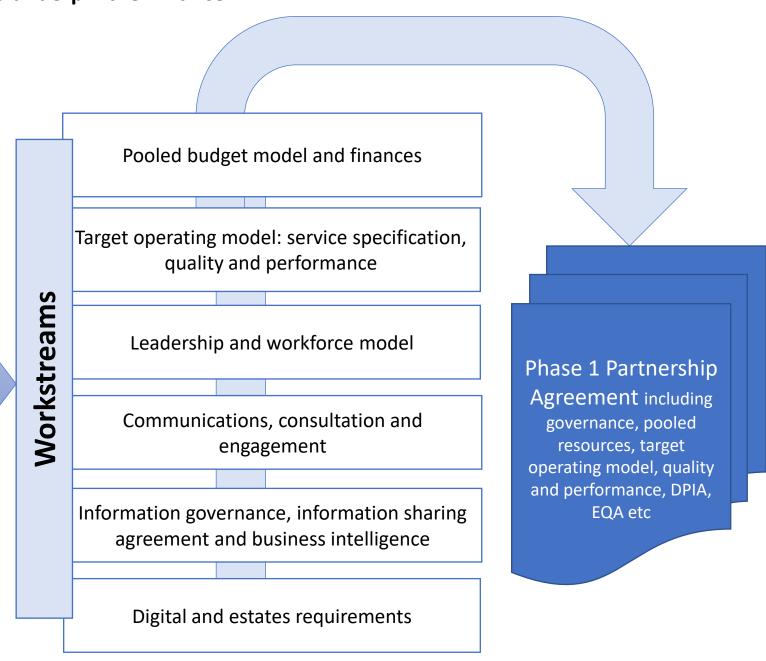
### **Mar 22 Jan 22** Dec 21 **Target Operating** Partnership Working Group Scope relevant partners Model finalised for Proposals to Healthy Living and Obtain consent for next phases Social Care Scrutiny Committee and model **UHB** Board Phase 1 **Partnership Agreement** including initial Pooled Dec 22 resources Additional phasing **Sep 22** and Safe and Legal **Implement** 'must have' plan partnership 2018 - June 2021 developed – Risks agreement Establish strategic identified and Apr 22 managed. drivers for an Complete alliance model scoping of first phase September 2022 **Finalise** Phase 2, 3 etc. partnership agreement **April 2023** FORMATION OF A VALE ALLIANCE -PHASED ROAD MAP

### **Development of a Partnership Agreement to underpin the Alliance**

### What information do we need?

- Collate funding information from both partners for phase 1 services
- Complete list of third sector contracts commissioned by both partners
- Complete staffing and budget information for existing leadership and workforce resources
- Quality and performance baseline information for phase 1 services
- Service development and improvement plans associated with phase 1 services
- Any emerging policy developments likely to influence plans e.g. National Primary Care programme
- Digital systems
- Organisational governance and standing financial instructions

A working group to support this has been established Q4 21/22 with Vale and UHB legal, finance and strategic leads



# Phase Two & Beyond

	performance and demand management information from the first phase of the model to chart the course of further integration,
which c	ould take the following form:
	Expanding the existing partnership agreement and pooled budget to take in other core areas within the Council such as Housing, Customer Relations complementary functions in social services
	Expanding the existing arrangement to include more widely the neighbourhood nursing and management of primary care contracts such as General Medical Services, Pharmacy and other community care
	Expanding the arrangement to bring in complementary primary, secondary and other clinical board services
	Investigating further transfers of responsibility and accountability and how that could be achieved
•	g a gradual approach we demonstrate the benefits of further integration without risking disruption to the overall structures that
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orovide 	support  Provides an opportunity to assess the right type of ongoing integration for the Vale Enshrines the concept of alliance working within the As-Is where possible

### **Planning further phases**

#### Areas to cover

- Finalise service areas/departments that will migrate to the alliance structure
- Commissioning, contracts and partnerships (including management arrangements)
- Workforce development, consultation and engagement
- Legal implications and ongoing management
- Operational implications and ongoing management
- Financial implications and ongoing management
- Information governance and systems architecture
- Communications, engagement and public consultation
- Reporting structures
- Estates, facilities and physical assets
- Establishment of a Target Operating Model for the overall alliance







**Decision-**

making

Structure

### **Target Operating Model**

### Requirements

- ✓ Policy Environment
- √ Ideology of Practice
- ✓ Budget Structure
- ✓ Reporting Structure
- ✓ Statutory Responsibilities
- ✓ Commissioned Services
- ✓ Third Sector Integration



Responsibility & Accountability



