

SURREY COUNTY COUNCIL

CABINET

DATE: 16 DECEMBER 2014

REPORT OF: MR MICHAEL GOSLING, CABINET MEMBER FOR PUBLIC HEALTH AND HEALTH & WELLBEING BOARD

LEAD OFFICER: SUSIE KEMP, ASSISTANT CHIEF EXECUTIVE

SUBJECT: HEALTH AND SOCIAL CARE INTEGRATION



SUMMARY OF ISSUE:

Collaboration and joined up working has been at the heart of work between health and social care in Surrey since Surrey's Health and Wellbeing Board was established in 2012.

The County Council and health partners are working jointly to achieve better outcomes and high quality co-ordinated care for Surrey residents through greater integration and alignment of health and social care services.

Having grown and developed over time, the move towards integrated services has become a fundamental part of the way the Council and its partners develop and deliver services. This report acknowledges the significant acceleration for the integration of health and social care. It asks the Cabinet to consider fully the implications of the strategic direction.

RECOMMENDATIONS:

It is recommended that the Cabinet:

1. Notes the strategic direction towards further integration for health and social care services;
2. Notes the specific work on health and social care integration and implications in Surrey; and
3. Requires that where specific proposals for the integration of health and social care involve significant change (e.g. pooling budgets or changes to governance structures), they will be presented to the Cabinet for approval.

REASON FOR RECOMMENDATIONS:

There is a move towards integrated services becoming a fundamental part of the way the Council and its partners develop and deliver services. Given the significant acceleration towards the integration of health and social care, this report provides the Cabinet with the opportunity to ensure the Council's stated policy reflects the current status and future direction for children's and adults' social care.

Pursuing opportunities for further integration will help to ensure the County Council meets its statutory duties, set out in both the Care Act 2014 and the Health and Social Care Act 2012, for encouraging and promoting the integration of health and social care.

DETAILS:

Background

1. There has been a significant shift over the last 18 months to the integration of health and social care services and taking a 'whole person' or place based approach to commissioning and delivering services. This is in part driven by changes in legislation, government policy and national programmes.
2. Whilst there are differences in suggested approaches and pledges from different political parties nationally, it is evident that whatever the result of the general election in May 2015, there will be an increasing drive on the integration of health and social care over the coming years together with an increase in the pace of implementation.
3. The recent publication of the NHS Five Year Forward View signalled important changes for the NHS over the coming years. It described various models of care which could be provided in the future such as integrated out of hospital care services and the development of 'Accountable Care Organisations' (see para. 11 below). The document also stated that the NHS would 'take decisive steps to break down the barriers in how care is provided between family doctors and hospitals, between physical and mental health, between health and social care'.

Current and future policy direction

4. The County Council is working with health partners to achieve better outcomes and high quality co-ordinated care for Surrey residents through greater integration of health and social care services. Integration work spans services for both adults and children and it is important to recognise the valuable role that the Public Health team have played since transferring to the County Council in developing a greater understanding of the issues and challenges across both health and social care and supporting the development of integration projects and programmes.
5. It is anticipated that a more integrated approach will help to achieve better health and social care outcomes for Surrey residents, make better use of reducing budgets and resources across the public sector in Surrey. The proposals around the Better Care Fund specifically support the delivery of the County Council's Medium Term Financial Plan.
6. The strategic shift towards the integration and joint commissioning of services with health partners is aligned to the Council's emerging thinking around 'one place, one budget' and forms part of the County Council's stated priorities and commitments in its Corporate Strategy - 'Confident in Our Future'. It is a fundamental principle underpinning the Surrey Health and Wellbeing Strategy and features strongly in other supporting strategies and plans such as the Children and Young People's Plan and the strategy for Adult Social Care.
7. Integrating services is not without its challenges and the complexity of the health and care system in Surrey compounds those challenges. Surrey has six clinical commissioning groups, five acute hospitals, three community care providers and a mental health trust plus hundreds of GP practices and pharmacies. In addition to the traditional 'health' organisations mentioned above, the 11 district and borough councils and wide range of voluntary, community and faith sector organisations play an important role in delivering health and care services to residents in Surrey.
8. Given the growing importance of integration within the Council's service model this report signals, and seeks endorsement of, a formal shift in policy direction for social care. The service model which has developed is a hybrid model based upon designing services around people (and not organisations) where some services are delivered / commissioned more effectively in an

integrated way and other services delivered / commissioned more effectively by individual organisations.

What do we mean by integration?

9. Integration of health and social care services can take many forms – there is no ‘one size fits all’ solution or model of delivery. The approach being taken to the integration of health and social care services in Surrey is to:
 - Ensure a consistent focus on improving health and social care outcomes for all residents, with targeted interventions for those most in need;
 - Commission / provide services that are designed around residents needs and based upon robust evidence; and
 - Commit to finding the best and most appropriate way to deliver health and social care for each local area.
10. All of the above are set in the context of needing to design financially sustainable models of health and social care, and the delivery of the County Council’s Medium Term Financial Plan.
11. To provide an indication of the types of models being explored with health partners, set out below are a number of examples of the different models or approaches to integration that local areas can adopt. Some of the examples below are already in place for certain services in Surrey and / or have been adopted elsewhere:
 - Jointly commissioning services – local authorities and Clinical Commissioning Groups working together to commissioning services. This can be supported or enabled in a number of ways including through establishing joint commissioning forums / groups, recruiting joint commissioning posts, pooled or shared budget arrangements and / or establishing joint commissioning teams.
 - Establishing integrated teams – multi-disciplinary teams (e.g. professionals working in community health, social care, mental health, primary care, hospital specialists etc) working with groups within the population based upon location and specific health / social care needs.
 - Providing integrated, personalised care - for a specific group within the population, providing individuals with a single health and social care plan supported by an integrated personal health and social care budget to pay for all of their health and social care needs.
 - Shared budget arrangements – sharing or pooling health and social care budgets for a specific geographical area, for commissioning and providing care for specific groups within the population.
 - Establishing integrated care centres or ‘hubs’ – a single physical location within the community to provide a range of integrated services, acting as a base for integrated teams and a ‘one-stop-shop’ for peoples’ care needs.
 - Creating (developing and commissioning) new ‘care’ organisations – where a group of providers (which could include a combination of GPs, pharmacists, acute hospitals, community care providers, social care, voluntary sector providers etc) agree through a contractual arrangement to take responsibility for providing all care for a defined group within the population.

CONSULTATION:

12. Consulting and engaging people and relevant organisations in the changes being made to health and social care services is vital to ensure in that services are designed around the needs of individuals. Across the many health and social care integration projects and programmes there have and continue to be a wide range of consultation and engagement activities.

RISK MANAGEMENT AND IMPLICATIONS:

13. There are a number of risks that are associated with the integration of health and social care services – these include financial risks associated with managing activity and demand, workforce and staffing risks and the risks to the continuity and quality of services during a period of change.
14. The scale and complexity of the changes being developed in Surrey and the pace at which they have to be implemented increases the risk that the full benefits of integration will not be achieved. Robust governance arrangements are in place to help to mitigate the risks including the use of partnership groups (e.g. the Children and Young People's Partnership and the Better Care Board), and plans being subject to national and local assurance processes for specific programmes such as the Better Care Fund.
15. As discussions with the health partners progress and specific proposals are developed, the identification and subsequent management and mitigation of risks will be vital.

Financial and Value for Money Implications

16. The approach being taken to the integration of health and social care services in Surrey is to:
 - Ensure a consistent focus on improving health and social care outcomes for all residents, with targeted interventions for those most in need;
 - Commission / provide services that are designed around residents needs and based upon robust evidence; and
 - Commit to finding the best and most appropriate way to deliver health and social care for each local area.
17. All of the above are set in the context of needing to design financially sustainable models of health and social care, and to assist the delivery of the County Council's Medium Term Financial Plan.

Section 151 Officer Commentary

18. The Director of Finance is working closely with the Clinical Commissioning Group Chief Finance Officers to develop the financial governance framework and supporting formal pooling agreements that will underpin the financial agreements between all parties and that are reflected in the Council's Medium Term Financial Plan. It is necessary to have these in place ahead of finalising the plans for integration.

Legal Implications – Monitoring Officer

19. Legislation and associated national policy is placing a duty on local authorities to promote and encourage the integration health and social care integration – for example:

- The Health and Social Care Act 2012 places a duty on the Council's Health and Wellbeing Board to encourage integrated working; and
- The Care Act 2014 places a duty upon local authorities to “promote integration between care and support provision, health and health related services, with the aim of joining up services”.

20. In developing specific plans for health and social care integration, it will be important to ensure that any specific duties placed on the Authority are properly managed.

Equalities and Diversity

21. Equality Impact Assessments (EIAs) will form an important part of any planning for changes to services across health and social care to assess the impact upon residents, people who use services, carers and staff with protected characteristics. As detailed programmes and schemes are developed EIAs will be completed and included as part of the plans.

Corporate parenting / Looked After Children implications

22. Joined up working and joint commissioning across health and social care is vitally important for the County Council in undertaking its Corporate Parenting role. For example, as part of work being undertaken under the Surrey Health and Wellbeing Strategy priority for improving children's health and wellbeing, the development of health checks for Looked After Children (LAC) is a key area of focus. This joint working has already resulted in increased capacity to ensure the most vulnerable children get timely health assessments, and a health needs assessment that is in development to get a full and complete understanding of the health needs of LAC.

Safeguarding responsibilities for vulnerable children and adults implications

23. Improving and strengthening joint working will support the Council and its partners to meet their responsibilities around safeguarding vulnerable children and adults. For example, the creation of the Multi-Agency Safeguarding Hub to help protect vulnerable children and young people and the focus that the Better Care Fund plan gives to improving services for the frail elderly population.

WHAT HAPPENS NEXT:

24. The next steps, subject to the Cabinet's endorsement, are:

- Officers to continue working with health partners and other stakeholders to develop and implement proposals for integrating services; and
- Officer to bring back specific proposals for Cabinet approval where the integration of health and social care involves significant change (e.g. pooling budgets or changes to governance structures).

Contact Officer:

Susie Kemp, Assistant Chief Executive, 020 8541 7043.

Justin Newman, Health & Wellbeing and Innovation Lead, 020 8541 8750
Kathryn Pyper, Lead Project Manager, Adult Social Care, 020 8541 7076

Consulted:

David Hodge, Leader,
David McNulty, Chief Executive
Mel Few, Cabinet Member for Adult Social Care
Mary Angell, Cabinet Member for Children and Families
Dave Sargeant, Strategic Director for Adult Social Care
Nick Wilson, Strategic Director for Children and Families
Legal Services
Finance

Annexes:

No annexes

Sources/background papers:

- 23 October 2014 – Publication of the NHS Five Year Forward View
- 2 October 2014 Health and Wellbeing Board – The Surrey Better Care Fund Plan
- 25 March 2014 Cabinet meeting - report: Surrey Better Care Fund
- 25 March 2014 Cabinet meeting - report: Medium Term Financial Plan 2014 to 2019
- 11 February 2014 Council meeting - report: Report of the Cabinet 'Corporate Strategy 2014-19'
- 4 February 2014 Cabinet meeting - report: Public Service Transformation