

**SURREY COUNTY COUNCIL**

**CABINET**

**DATE: 24 NOVEMBER 2015**



**REPORT OF: MR MEL FEW, CABINET MEMBER FOR ADULT SOCIAL CARE, WELLBEING AND INDEPENDENCE**

**MRS HELYN CLACK, CABINET MEMBER FOR WELLBEING AND HEALTH**

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**SUBJECT: PROGRESSING THE INTEGRATION OF HEALTH AND SOCIAL CARE IN SURREY**

#### **SUMMARY OF ISSUE:**

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 has been accelerated in health and social care by the introduction of the Better Care Fund and is a key strategy for Surrey's Adult Social Care service to manage increasing demand.

Due to differing contexts and local needs across the six Clinical Commissioning Group (CCG) areas in Surrey, the speed and form of integration is not identical in each area. This report provides the Cabinet with an updated position and requests approval for the direction of travel including the 'fast-track' approach in two of the CCG areas.

#### **RECOMMENDATIONS:**

It is recommended that the Cabinet :

1. Notes the progress made towards the integration of health and social care, particularly in North East Hampshire and Farnham and Surrey Heath CCG areas
2. Approves the development of frameworks to support integration such as pooled budgets or the development of separate integrated care organisations
3. Delegates authority to the Strategic Director of Adult Social Care Wellbeing and Independence, the Director of Public Health and the Director of Finance, in consultation with Cabinet Member for Adult Social Care Wellbeing and Independence, to approve pooled budget agreements for the integration of health and social care.

## **REASON FOR RECOMMENDATIONS:**

The approach to integration proposed will support the provision of better outcomes to Surrey residents at less cost and enable the council to better influence and control the source of demand for social care services.

The proposals further work towards expanding pooled budgets beyond those currently within the remit of the Better Care Fund under Section 75 agreements. Including more Adult Social Care and NHS funding, with agreement on shared risks, will ensure we are jointly focusing on reducing the increasing demands on our services.

'Fast-tracking' two areas will provide learning for the rest of the County and support the local approach of the right pace and form for each area dependent on needs and context.

The models and degrees of integration available are varied and range between, for example, co-location, joint commissioning arrangements, one accountable organisation as a lead commissioner, pooled budgets and the creation of a separate integrated care organisation. All key decisions required in the progress to integration will follow the County Council's due process, and where required will be reported back or brought to the Cabinet for decision.

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:**

### **Drivers for Integration**

1. The policy direction for the integration of health and social care services has been set out by government in recent legislation including the Health and Social Care Act 2012 and the Care Act 2014.
2. In adult social care nationally, services have been successful in maximising their resources by managing 'supply' – working with the market to ensure best value for the services provided. However, a point has been reached where strategies focusing only on supply are insufficient to sustain services and deliver efficiencies. To continue to support people with safe, high quality care and support focus must shift towards managing demand as well as supply. A transformational change in the way the system as a whole operates is required.
3. The inter-relationship between health and social care services is now widely recognised. Across the health and social care system demand pressures and the need to deliver better outcomes at lower cost have brought into sharp relief that change or delay in one area of the system will inevitably impact another. In order for adult social care to manage the demand for its services, it needs to be able to influence where that demand is generated; a key area is from the health service, for example, hospital discharge. By creating more integrated relationships and services with health system, social care will have a greater ability to influence and control that demand.

4. The NHS Five Year Forward View, published last year, 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' across a range of health and care organisations. It 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'.
5. To support new ways of working Adult Social Care is developing a strategy for workforce integration and has produce six principles to guide this work which are laid out in Annex 1.
6. The Better Care Fund (BCF) is a national programme with the objective of creating single pooled budgets to support and enable closer working between the NHS and local government. It has been an additional catalyst to progress toward integration in Surrey. It is designed to:
  - a. Improve outcomes for people.
  - b. Drive closer integration between health and social care.
  - c. Increase investment in preventative services in primary care, community health and social care.
  - d. Support the strategic shift from acute to community and to protect social care services.
7. The BCF should not be considered 'new' money - it is a pooling of existing funding streams including the Whole Systems Partnership funding that Surrey County Council (SCC) received in previous years from the Department of Health, funding from Clinical Commissioning Groups (CCGs) baselines and capital resources previously paid to SCC and Surrey's district and borough councils.

### **Plans and Progress in each Surrey CCG area**

8. Surrey's BCF has been developed to ensure the services that are commissioned meet the County Council and Clinical Commissioning Groups shared strategic aims and programme objectives:
  - a. Enabling people to stay well - Maximising independence and wellbeing through prevention and early intervention for people at risk of being unable to manage their physical health, mental health and social care needs
  - b. Enabling people to stay at home - Integrated care delivered seven days a week through enhanced primary and community services which are safe and effective and increase public confidence to remain out of hospital or residential/nursing care
  - c. Enabling people to return home sooner from hospital - Excellent hospital care and post-hospital support for people with acute, specialist or complex needs supported by a proactive discharge system which enables a prompt return home
9. A 'local' approach has been taken to Surrey's BCF development - using six Local Joint Commissioning Groups that have been established between Surrey

County Council and the CCGs, plans are being developed that are appropriate for each local area based on local need. Through the plans, there is commitment to achieving consistent, improved health and social care outcomes but recognise that to achieve that, the solutions may look different in each area.

### **'Fast-track' areas**

#### North East Hants & Farnham CCG

10. The North East Hampshire and Farnham health and social care system have been selected as a national 'Vanguard site'. The Vanguard Programme, initiated by NHS England and its national partners, selected a number of areas across the country to test integrated care models, at pace, and to share their learning. This is a trailblazer for Surrey and the only Vanguard site within the Surrey County Council boundaries.
11. This area is ready to embark on a fast track programme of work to bringing together organisations responsible for planning & providing health and social care and to create a single plan & budget. Providers of health & care are already working to integrate service delivery, and the fast track programme will help them go further & faster. It will bring about significant change and enable this part of Surrey to be at the national forefront of health & care integrated working.
12. Other workstreams already underway are integrated teams of specialist health and social care professionals, enhanced community services, access into and out of specialist inpatient services and prevention and self-care.
13. Adult Social Care and the CCG have made a commitment to their aims for integration, using the Vanguard process, in an open letter at Annex 2 :
  - Improved health and wellbeing of population of Farnham
  - Improved experiences of using health and social care services
  - Assessing together the needs of the population
  - Better coordination and value of public funds
  - Creating single commissioning and single health & social care budget
  - Measuring system wide success
  - Working in equal partnership with the local community
  - Problem solving sessions on system wide pressures
  - Joined up health and care services .

#### Surrey Heath CCG

14. The Surrey Heath CCG area is poised to commence a wide ranging and ambitious programme of transformation across health and social care. Their

plans aim to deliver a one place, one budget, one team model with a lead organisation, Surrey Heath CCG.

15. The ultimate aim is the creation of a single budget and management structure for the commissioning of care for older people and adults with long term conditions and/or complex needs including mental health
16. With the appropriate approvals, it is intended to start the programme in late 2015, with the first phase 'going-live' in April 2016. However, given the complexity it is possible that shadow arrangements may be put in place for 2016/17 with full delegation from April 2017.
17. The Surrey Heath CCG Governing Body approved this direction of travel at its meeting on 3 November 2015.
18. Anticipated benefits of this approach stretch across the service provided to people needing care and support, improved quality and improved efficiencies.
19. Progress to date includes:

To date Surrey Heath has achieved:

- 8 to 8 working for General Practice
- Three GP hubs created with integrated care teams encompassing Mental Health, Community Nursing and Social Care ( 7 staff now appointed and dedicated to the Integrated Care Team )
- Co location of rapid response and reablement staff
- A single point of access to the above services
- Surrey Heath has been nominated as a finalist for the Health Service Journal award for its improved partnership between health and local government.

### **Other CCG areas in Surrey**

#### East Surrey CCG

20. One Commissioning Team – commissioning for the whole East Surrey System. This is in development and is being progressed initially through joint commissioner meetings.
21. Integrated Urgent Care Team - There are plans to develop an 'at the front door' of acute care service operating 24/7. This would be a multi-disciplinary team for timely and complete assessment; Ambulatory pathways with access to diagnostics and specialist opinion.
22. Integrated Hospital Discharge Team – Adult Social Care Staff currently work closely with health staff. The aim is to further improve by providing wrap around community services undertaking the Discharge to assess process, with timely follow up from community health and social services.

23. There is a proposal to develop an integrated reablement unit on the same site as Surrey and Sussex Hospital – This proposal would be a partnership development between Surrey County Council, East Surrey CCG and the Surrey and Sussex Hospital Trust. A companion report dealing specifically with this initiative is on the Cabinets agenda today.
24. Following the implementation of the Integrated Rehabilitation Unit space will be freed up to create a Frailty Unit on the hospital site creating different patient pathways for urgent care that is more suited to them.
25. To support the Acute Model changes the East Surrey system will also integrate social care services into primary/community care settings to enable residents to access these services in an out of hospital setting to avoid admission or speed up discharge.

#### Guildford & Waverley CCG

26. The development of five locality HUBs across 21 GP practices.
27. Proactive Care Teams Pilot – A further development from the locality HUBs the pilot will initially cover East Waverley and will respond to the needs of the individual and their carer, supporting them to remain within the community.
28. Integrated Care Assessment Service at The Royal Surrey County Hospital – A Multi- Disciplinary discharge team has been created which include social care professionals.
29. Discharge to assess service – A joint team which includes staff from the community health provider and the Adult Social Care Reablement Team, along with health staff.
30. Age UK Personal Independence Programme – Staff in this programme supports the Proactive Care Teams and contributes to the prevention of higher needs.

#### North West Surrey CCG

31. The development of three Community HUBs in Woking, Weybridge and Ashford. The first to come on-line will be Woking in December 2015. The HUBs will provide integrated multidisciplinary teams of health and social care staff led by Primary Care.
32. Care Home Support – This service has been implemented.
33. The development of a pool of bank care staff to provide additional support – this resource is now available.
34. Governance and development structures – various structures have been developed to support transformation and integrated working which include GP led Locality network Boards , regular Senior leaders meetings across partner organisations, Strategic Change Boards across all areas of transformation in the CCG area.

## Surrey Downs CCG

35. A joint local integration strategy has been developed, this provides the overall framework for local integration in Surrey Downs. A local joint commissioning partnership is in place, working with District and Boroughs, Voluntary sector and public health this provides a coordinated local approach to prevention. On 25 November 2015, an engagement event will take place involving representatives from the Districts and Boroughs and the voluntary sector. The aim of the event is to share priorities for prevention which will help to shape our local joint prevention strategy and local services.
36. Epsom Health & Care Strategic Board - A strategic group of local commissioners and providers are working together to develop a sustainable longer term plan for a new model of provision in the Epsom GP cluster area.
37. A GP led unit at Epsom Hospital, Community Assessment Unit (CADU) has been developed at pace in readiness for winter 2015. This will be supported by Epsom Hospital, Social Care and CSH Surrey staff. It will provide same day diagnostic and integrated support to return home, where required. A simulation event with local residents and staff will be undertaken ahead of the service starting. The service started on 9 November 2015 and will be continuously evaluated to test its benefit for residents and its effectiveness.
38. Community HUBs provide proactive care from an integrated health and social care service. This is initially for people over 75 years and will then be rolled out for those over 65 years and the wider population. The Hubs consist of staff from CSH Surrey and Adult Social Care who will be co-located. This service was launched in East Elmbridge in the summer of this year, with planning underway for an Epsom service in the autumn and Dorking in the spring of 2016.

**CONSULTATION:**

39. Consultation on the development of local plans has been on-going through the Better Care Fund process.
40. As local plans are developed consultation on specific changes have and will be undertaken in the local area, with particular focus on local residents.

**RISK MANAGEMENT AND IMPLICATIONS:**

41. The following high levels risks and mitigations have been identified. A full risk register will be developed for each of the areas as part of formal project management:

Risk	Mitigation
Financial: Ability to appropriately disaggregate Adult Social care budgets. Need to equitably share financial risk	<p>Sound systems currently in place, as a starting point</p> <p>Strong accountability</p> <p>Good relationships in place</p>

Workforce: Ability to develop the skills required for an integrated workforce	Development of workforce integration strategy  Detailed workforce analysis and training programme
Governance: Ability to meet the Governance requirements for the organisations involved	Clear assurance mechanisms to be established
Communication & Engagement: Ability to consult with, inform and engage a diverse range of stakeholders	Early planning and appropriate resource allocated
Reputation: Ability to achieve a smooth transition to the new way of working - failure could impact on the Surrey-wide reputation and impact development of other areas	Assurance mechanisms in place at key milestones throughout the transformation allowing early feedback on issues and remedial action to be put in place
Capacity: Ability to appropriate skills at the right time to achieve the programme, particularly at pace.	Formal project planning approach to identify requirements at each stage

#### **Financial and Value for Money Implications**

42. There are no direct immediate financial implications arising from this report. The financial implications of specific integration plans will be considered as part of the development of business cases for each proposal for the relevant local system.
43. A key decision of any integration proposals will be whether to pool funds across health and social care. The Better Care Fund has been the first step in this journey, with £65.5m of revenue and £5.9m of capital funding pooled across Surrey's health and social care system for 2015/16. As part of considering whether to pool funds beyond the Better Care Fund, it will be important to ensure that funds are only pooled for services that will be directly impacted by integration plans. It will be equally important to ensure that there is a clear agreement about how financial risks are shared across the whole system for any funds that are pooled.

#### **Section 151 Officer Commentary**

44. The Section 151 Officer supports the overall health and social care integration agenda as it will enable better use of resources across the whole system to create improved and more efficient services for residents.

45. The efficacy of specific integration proposals will be judged based on whether there are robust business cases that demonstrate that the proposals represent best value for the whole system and also ensure that the Council's financial position is safeguarded in the process of integration.

#### **Legal Implications – Monitoring Officer**

46. The Care Act 2014 places a duty on local authorities to promote and encourage the integration of health and social care provision, with the aim of joining up services. The Council's Health and Wellbeing Board also has a statutory duty to encourage integrated working. This report sets out how the Council is working with the Surrey CCGs to meet these duties.
47. In developing specific plans for integration there will be a wide range of arrangements with differing legal implications that will need to be considered on a case by case basis. Arrangements for authorising the various plans are included in the report and members should note that, wherever necessary, the Council's processes for procurement and for making key decisions will be followed.

#### **Equalities and Diversity**

48. An equalities impact assessment would be required for any aspect of service or policy change relating to the local integration of health and social care services. If Cabinet approve the recommendations a full Equalities Impact assessment will be completed for relevant changes in each area. This will be an on-going process, with the assessments updated as work progresses.

#### **Safeguarding responsibilities for vulnerable children and adults implications**

49. The further integration of health and social care services will support the safeguarding of vulnerable Surrey residents. More joined up service delivery by organisations will aid the identification and support of people vulnerable to abuse and enhance consistency of approach and training to safeguarding issues.

#### **Public Health implications**

50. Integration across health and social care will support and promote the health of the Surrey population, more closely aligning outcomes and resources.

#### **WHAT HAPPENS NEXT:**

51. Dependent upon the Cabinets approval of the recommendation:
- Plans will be further developed for the integration of health and social care, with particular focus on the North East Hampshire and Farnham areas
  - Defining the pooled budget in each area , financial management arrangements and governance will be key elements of the initial phase of work

- On-going monitoring of progress with be outlined in the monthly budget monitoring report to Cabinet
  - Where appropriate, the Cabinet will receive a further report requesting approval for any key decisions
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**Consulted:**

Internal Surrey County Council representative officers from:

Finance  
Legal

Public Health  
Adult Social Care

External:

Representatives from the Clinical Commissioning Groups

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