

North Yorkshire County Council

Shadow Health and Wellbeing Board

Wednesday 28 March 2012

Integration of Health and Social Care Services for Adults

Report of the Corporate Director – Health and Adult Services

1.0 Purpose of Report

- 1.1 The report seeks the support of the Health and Wellbeing Board for the work that is underway to achieve better integration of health and social care services in North Yorkshire.

2.0 Summary

- 2.1 The Health and Social Care Bill sets out the powers and duties of Health and Wellbeing Boards. One of the core responsibilities is to encourage integrated working between providers, including the use of pooled budgets and other financial arrangements under Section 75 of the NHS Act 2006. Health and Wellbeing Boards will be expected to achieve better outcomes for users and communities through integrating commissioning and provision.
- 2.2 This report describes the current work across North Yorkshire in moving forward the integration agenda.

3.0 Issues

- 3.1 The recent report from the NHS Future Forum on Integration usefully reminds us of the significance of this work. *“Integration is a vitally important aspect of the experience of health and social care for many people. It has perhaps the greatest relevance for the most vulnerable and those with the most complex and long-term needs..... too many people fall through the gaps between services as they traverse journeys of care which are often too difficult for them to navigate themselves. This lack of integration results daily in delays and duplication, wasted opportunities and patient harm. It is time to ‘mind the gaps’ and improve the experience and outcomes of care for people using our services”.*
- 3.2 The NHS Future Forum goes on to note that “Health and wellbeing boards must become the crucible of health and social care integration”.

4.0 Background

- 4.1 NYCC Health and Adult Services have been committed for a number of years to the concept of integration. Likewise PCT Commissioners want to move in the same direction. Progress however has been slow and patchy. The allocation of

NHS funds earmarked by the Government towards delivering social care services in partnership with health presented an opportunity to utilise the monies in a way that would support integration and the transformation of services.

- 4.3 Over the past year it has been agreed that the NHS transferred finance to Social Care would be used in the first instance to secure some social care services deemed as critical to ensuring the health system was not negatively impacted upon by central government reductions in local government spending. Part of the funding is being used to secure reablement services (also known as START), and to develop reablement as a more integrated service with intermediate care. The rest of the funding is being used to transform and add capacity right across the localities.
- 4.4 Over the period of these discussions the commissioning landscape has changed radically and become more complex. Where there was a single PCT acting as both a commissioner and a provider of community services we now have the PCT until April 2013; five shadow Clinical Commissioning Groups; five acute hospital trusts now managing community health services and the need to have cross boundary partnerships with local authorities where both CCG and acute hospital cares for shared communities.
- 4.5 Notwithstanding this complex picture, discussions with all the stakeholders listed above has demonstrated consistent support of the need for integration and much common ground on the model for integration and those services which should be joined up.
- 4.6 The approach being developed is around five essential building blocks for an integrated service. These are:
- integrated intermediate care/reablement
 - rapid response
 - voluntary sector out of hospital support
 - a 24hr response service element based on telecare / telehealth and a range of community based responders
 - access to good information.
- 4.7 Many of the five essential building blocks listed above are short term in that they respond either very quickly covering the first 72 hrs of need or give short term intermediate care support for up to 6 weeks. Discussions are also moving on to consider how community teams that support people over the longer term can be delivered in a more integrated way. Locality or neighbourhood teams might be established to support people with long term-conditions who need ongoing support and others who bring a range of specialist skills for focussed time periods. Special skills may need to be shared by more than one locality or neighbourhood team and so cover a wider area. Integrated teams should have single management and have shared views about managing risk and a shared understanding of whom in their community is at greatest risk.
- 4.8 Moving from vision to delivery will require sophisticated programme and project management. Detailed delivery plans are being developed in each locality and an outline programme document setting out the delivery agenda is currently being developed. The scope of the proposed integration programme will be to coordinate the activities of all health, social care and other partners in the delivery of integrated care across the health and social care system for adults in North Yorkshire. This is significant transformational change with many stakeholders. As

well as NYCC Health and Adult Services the work also involves the activities of the shadow CCGs and the NHS Acute Hospital Foundation Trusts that serve the county. It involves the North Yorkshire PCT Cluster and the Airedale, Bradford and Leeds PCT Cluster. As it develops the integration agenda will increasingly involve Mental Health Services and Voluntary Sector Providers.

5.0 Relationship with the North Yorkshire Review

- 5.1 The integration programme pre-dates the Independent Review of the NHS in North Yorkshire led by Hugo Mascie-Taylor, but there is a fundamental inter-relationship as many of the recommendations of the North Yorkshire Review also concern integration and closer working between health and social care. Hospitals can only transform their delivery with the support of robust and integrated services in the community.
- 5.2 Later on this agenda an update will be given on the North Yorkshire Review programme. Work streams 1 and 2 of the North Yorkshire review are directly linked to the health and social care integration agenda.
- 5.3 Another of the North Yorkshire Review workstreams concerns the use of building assets. Discussions are underway in a number of areas of the county between Foundation Trusts and NYCC on the use of building assets to support integrated working. Opportunities will be taken to develop in localities at least one facility which will offer bed based respite care for social care needs and GP led recovery beds for those needing medical cover but not acute care.
- 5.4 NYCC has a programme to develop extra care housing across the county and also to develop resource centres from six residential homes to provide a range of services. These developments are now being taken into the integration discussions.

6.0 Proposals and Next Steps

- 6.1 The five service areas listed below have been agreed by NYCC and North Yorkshire and York PCT as the essential building blocks to ensuring the health and social care economy runs more smoothly and as the first areas for integration. These are:
- integrated intermediate Care/reablement
 - rapid response
 - voluntary sector out of hospital support
 - a 24hr response service element based on telecare / telehealth and a range of community based responders
 - access to good information.
- 6.2 A range of activities are now being progressed to support this agenda. These include:
- getting the appropriate agreements in respect of the planned expenditure
 - formally signing off agreement between NYCC and NYY PCT Cluster in respect of the use of NHS transferred monies
 - establishing robust programme management and governance arrangements

- authorising health and social care managers to progress their locality transformation plans
- agreeing a related performance framework and an approach to managing risks and efficiencies
- engaging a broad range of stakeholders both to explain the programme and seek their commitment.

7.0 Financial Implications

7.1 NHS transferred funding totalling £9 million per annum for each of the three years 2012/13, 2013/14 and 2014/15 underpins this transformation and integration programme. The total expenditure on publicly funded health and social care services in North Yorkshire is of course far greater than this.

8.0 Legal Implications

8.1 The transfer of funds to support integration will be made by a transfer under Section 256 of the NHS Act 2006.

8.2 The framework provided by the National Health Service Act 2006 means money can be pooled between health bodies and health-related local authority services, functions can be delegated and resources and management structures can be integrated.

8.3 The arrangements allow commissioning for existing or new services, as well as the development of provider arrangements, to be joined-up. They cover lead commissioning, integrated provision and pooled budgets.

8.4 As the integration programme develops it is likely that further use will be made of these Health Act powers. Any proposal to use Health Act provisions to support integration will be brought back to the Health and Wellbeing Board for decision.

9.0 Consultation Undertaken and Responses

9.1 There has been national consultation as part of the NHS Future Forum work and local engagement and discussion of the issues through consultation events to discuss the NYCC social care vision. CCGs are currently developing their patient engagement approaches.

9.2 There is a need for further local consultation and engagement on integration as the details develop as part of the overall integration work programme.

9.3 The Health and Wellbeing Board is asked to support an engagement process which seeks to ensure a wide understanding of, and participation in, the integration agenda.

10.0 Impact on other Services/Organisation

10.1 The intended direction of travel is one where we will in time move beyond the integration of the five key building blocks to an approach which incorporates all

community health and social care services for adults in order to support people to achieve their optimal levels of health, wellbeing and independence.

10.2 In order for integrated journeys of care to become the norm for people with complex or long term health and social care needs this could include the following functions:

- Monitoring and on-going support
- Intermediate care services and START; 24 hr. Rapid Response health and social care including the use of telecare and telehealth and out of hospital support [the essential building blocks
- Community therapy services (NHS and Local Authority)
- Long-term conditions management including again the use of telecare and Telehealth
- Long-term support and care (e.g. home care enablement, social care, nursing care)
- Integrated assessment and trusted assessors
- Common or Integrated IT capable of exchanging information and support inputting once approaches
- Better use of community resources and facilities
- The commissioning of independent and voluntary sector services where the focus is on helping people to regain or maintain the health and independence.

11.0 Risk Management Implications

11.1 Risk management will be part of the programme management approach.

12.0 Human Resources Implications

12.1 As the integration programme rolls out it will impact on significant numbers of health and social care staff. As detailed proposals are developed formal consultations will be required with staff and trade unions.

13.0 Equalities Implications

13.1 The overall objective of the integration programme is to improve services for the most vulnerable residents of North Yorkshire. A full Equalities Impact Assessment will be developed.

14.0 Reasons for Recommendations

14.1 Leading and overseeing the integration of health and social care is a key role of the Health and Wellbeing Board. This preliminary report sets the scene for the Shadow Health and Wellbeing Board on work to date and the recommendations are designed to inform how the Board will continue to fulfil this role.

15.0 Recommendations

15.1 The Board is asked to support the ongoing work to integrate and transform how health and social care services are delivered in North Yorkshire.

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| 15.2 | The Board is asked to agree that NHS and NYCC partners should report on proposals and progress at least twice yearly. |
| 15.3 | The Board is asked to support an engagement process which seeks to ensure a wide understanding of, and participation in, the integration agenda. |

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Background Documents – *Integration A report from the NHS Future Forum*