

NORTH YORKSHIRE SHADOW HEALTH AND WELLBEING BOARD**DATE: Wednesday 30 May 2012****Integration of Health and Social Care for Adult Services in North Yorkshire****1. Purpose:**

This report seeks to update the Health and Wellbeing Board (HWBB) on the progress that North Yorkshire County Council (NYCC) Health and Adult Services (HAS), and National Health Service (NHS) partners are pursuing in their integration and transformation agenda. The purpose of the paper is to bring the Board up-to-date on progress since the last Board meeting.

2. Introduction:

- 2.1 The report seeks to update the Board on progress in moving forward the integration transformation agenda between health and social care.
- 2.2 The Board will recall at the last meeting in March 2012 that they heard of the intentions of NYCC Adult and Community Services and NHS partners to use transferred NHS monies to social care in a way that would support integration and transformation.
- 2.3 The service areas listed below were viewed by NHS and Social Care partners as the essential building blocks to ensuring the health and social care economy runs smoothly and therefore the first areas for integration in North Yorkshire. These were:-
 - i. Integrated Intermediate Care / Reablement element;
 - ii. A rapid response element;
 - iii. A voluntary sector out of hospital support element;
 - iv. A 24hr response service element based on Telecare / Telehealth and a range of community based responders;
 - v. Access to good information.
- 2.4 The proposal is that these will be delivered in a neighbourhood team approach in support of local communities.

3. Progress to date:

- 3.1 All areas of the County now have agreed locality plans on the use of the monies. These agreements involve NYCC Health and Social Care, the local CCG and the relevant NHS Acute and NHS Community Care provider.
- 3.2 Templates have been completed on outlining which agency will either act as lead for a project area or employ additional staff capacity. This then allows formal agreements to be put in place ensuring the monies go to the right agency to cover their costs.

- 3.3 Job Descriptions for local Project Officer capacity have been developed and evaluated within the County Council's Job Evaluation process. Their job is to support local Health and Social Care Managers with the integration process.
- 3.4 A County wide co-ordination role of these posts and functions has likewise seen a new Job Description and Job Evaluation, and is funded by NYCC HAS.
- 3.5 York Vale CCG ran and facilitated a workshop on neighbour-hood team concept in Easingwold with a wide representation from partner organisations, GPs and user voice.
- 3.6 NYCC has begun the process of re-aligning their local START Teams with clusters of GPs and local Health Teams
- 3.7 There are Transformation and Implementation Groups of varying descriptions in each area with representation from partners driving forward the local agenda. The challenge here is aligning the internal transformations of organisations with the local integration agenda. So, for example, an Acute Hospital may be working to transform how it is delivering its service and seeing integration with social care as part of the over-all solution.
- 3.8 A number of CCGs have or are about to formally agree the Integration Agenda at their respective Boards.

4. Next Steps:

- 4.1 There are a range of activities needing to be progressed in pursuit of this agenda. These include:
 - 4.1.1 Getting the appropriate Section 75 Agreements in respect of the planned expenditures signed off
 - 4.1.2 Formally signing off the 265 Agreement between NHS and Social Care Partners in respect of the NHS monies;
 - 4.1.3 Authorising officers representing local partners to progress their locality transformation plans;
 - 4.1.4 Jointly appoint to the project officer posts;
 - 4.1.5 Agreeing and having in place a related performance framework;
 - 4.1.6 Engaging a range of stakeholders either to explain the programme or seek their commitment. These include:
 - 4.1.6.1.1 Staff of partner organisations in shaping neighbourhood teams;
 - 4.1.6.1.2 Key others such as communities and Voluntary Sector and Independent Sector Partners;
 - 4.1.6.1.3 District Council Partners [Craven District Council for example are keen to consider how their work on low level prevention and shaping communities can contribute to this agenda].

5. Recommendations:

- 9.1 The Board is asked to:
 - 9.1.1 Note the progress to-date in progressing the integration agenda
 - 9.1.2 Receive at the next meeting confirmation of formal sign off of monies
 - 9.1.3 Receive proposals around a performance framework presently being drafted for discussion.

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