



NORTH YORKSHIRE SHADOW HEALTH AND WELLBEING BOARD

15 FEBRUARY 2013

**OPTIONS FOR INTEGRATING CARE AND
HEALTH IN NORTH YORKSHIRE**

1. Background to presentation

1.1 Integration is acquiring new urgency as a response to the rising tide of dementia, long term conditions and frailty. One of the key roles of the Health and Wellbeing Board is to drive integration and lead the system in finding more joined up solutions for people.

1.2 Integration has been discussed at earlier meetings of the HWB. The NHS Future Forum report on integration concluded that there was no “silver bullet” or single approach to integration. If this is true nationally, it is certainly true in North Yorkshire with its particularly complex health and social care economy.

1.3 Since the HWB first considered the issue in May 2012 there has been lots of locally based discussion and activity. This has been important in developing new working relationships and exploring some innovative ways of working. However it has not yet offered an approach that is coherent across the County and will deliver at the scale and pace needed. For these reasons a piece of work was commissioned by the Director of Health and Adult Services to examine the high level options for taking integration forward in North Yorkshire.

1.4 Andrew Cozens is a leading health and social care consultant, with over 30 years of experience in social care in the public and voluntary sectors. Until March 2012 he was a Strategic Adviser, Children Adults and Health Services for the Improvement and Development Agency for local government. Andrew spent ten years as a director of social services in Gloucestershire and Leicester. He was President of the Association of Directors of Social Services (ADSS) in 2003/04 and is now Chair of the Carers Trust. Crucially Andrew is very familiar with North Yorkshire having worked in the county for many years.

1.5 Andrew Cozens will be attending the HWB to present his findings. Copies of the slide presentation are an appendix to this report.

2. Recommendations

2.1 The Health and Wellbeing Board are asked to:

- 1 ENDORSE the approach being recommended.
- 2 AGREE to receive a further report on progress in developing an integration framework at the May 2013 meeting.
- 3 NOTE that the work will be overseen by the Integration Executive that is being established as a subgroup of the HWB.

Helen Taylor
Corporate Director – Health and Adult Services
February 2013

Options for integrating care and health in North Yorkshire

Andrew Cozens



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Report summary

- The case for integration, legal framework and North Yorkshire landscape
- Pre-requisites for success
- Principles against which any approach can be judged
- Six possible models: three of which are the best fit for North Yorkshire
- Recommended: single, comprehensive integration framework based on 'warp and weft' vertical/horizontal approach that combines national must dos with local delivery approaches

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The case for integration of care & health

- The Health & Social Care Act 2012 and Care and Support White Paper both have the underlying assumption of closer integration
- NHS Mandate requires the NHSCB to ensure the new NHS commissioning system promotes and supports the integration of care
- Home should be the hub of care
- Reduce hospital inpatient activity
- Place patients at the centre of service design
- Encourage innovation by new and existing providers
- Your own recent reports reinforce this

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NHS Commissioning Landscape

- Currently 3 organisations commission health and care
- After April 2013, 11 NHS organisations have some role in commissioning healthcare, alongside the two councils care responsibilities
- The two Health & Wellbeing Boards have a duty to “encourage integrated working between commissioners of NHS, public health and social care services”

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Principles

- Clarify the question to which integration is the answer
- Focus on ends before means
- Integration must be multi-levelled
- NHS and local government operate from silos because they were explicitly designed to do so
- Weave together warp and weft of integration

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Principles (continued)

- Effective personal relationships are critical (but are undermined during restructuring)
- A place-making and convening role is necessary to animate integration through a single point for commissioning
- Establish a balance between vertical and horizontal accountabilities

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Options for integration

1. **Status quo continuation:** *maintain existing arrangements but in new NHS context*
2. **Vertical integration within the NHS:** *focus solely on vertical integration in NHS between hospital and community services, possibly drawing social care into NHS service*
3. **CCG led retendering exercises:** *each CCG works with relevant council to develop its own approach to integration*

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Options for integration

4. **County Council initiates:** *NYCC seeks agreement to lead the design and retender for a new integrated model at North Yorkshire level*
5. **Patchwork model:** *integrated approach considered for priority patient groups with separate decisions on geography, approach, design and tendering.*

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Options for integration: recommended approach

6. Framework model: *overall framework for integrated health and social care is set by both HWBs (together, collaboratively, or separately) that sets priority groups, approach, area of benefit, timetable, and review*

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What might it look like?

- Integration team identified (full or part-time, actual and virtual)
- Senior integration executive report to HWB
- Agreed framework's priority areas and approaches
- Agree who does what
- Agree local priorities and timetable

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What might it look like?

- Practical manifestations:
 - Lead commissioner
 - Lead provider
 - Joint community teams
 - Measuring progress on outcomes
 - Peer challenge
 - Better information to support how outcomes and inequalities are being addressed
 - Better use of resources

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Next steps

- Secure agreement that integrated care initiatives have the potential to save money, improve efficiency, and improve quality by joining up services around the patient/service user
- Initiate discussions through HWBs about the development of a framework for integration
- Agree scope: North Yorkshire with York?
- Resource the development of the framework and implementation support
- Consider pace and approach
- Investigate scope to be a large scale initiative and draw down national support/engagement

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