




Haringey Council

Report for:	Cabinet – 14 th October 2014	Item Number:	
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Title:	Health and Care Integration
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Report Authorised by:	Zina Etheridge – Deputy Chief Executive 
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Lead Officer:	Zina Etheridge – Deputy Chief Executive
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Ward(s) affected: All	Report for Key Decision
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1. Describe the issue under consideration

1.1 This paper sets out a proposal to establish a Health and Care Integration Programme jointly with the Clinical Commissioning Group (CCG) to achieve better outcomes for local residents, improve the user experience and to deliver efficiencies and value for money.

2. Cabinet Member introduction

2.1 The proposal for this programme builds on a strong relationship between the CCG and the Council which has already developed some integrated services to achieve better health outcomes and improve the experience of local residents by joining up services. Whilst there are other drivers for integration from local and national policy as identified in this report, the core focus is on building better responses to the health and care needs of local residents by working in partnership.

2.2 Embedding the principles of prevention and early intervention, tackling inequalities and building community resilience in all activity is the strategic direction of the council and this programme will support the development of this approach in partnership with the CCG.

3. Recommendations

Cabinet is asked to:

- (i) Agree to the establishment of a Health and Care Integration Programme jointly with the CCG
- (ii) Note that an initial funding bid for a programme manager will be made to the transformation reserve fund to start scoping for 3 months
- (iii) Agree that the Health and Wellbeing Board provides strategic oversight of the programme, although key decisions will need to be made through the Council or CCG decision making structures.
- (iv) Agree that once the scoping work at iii. has been completed, Cabinet receives a report on the proposed scope of the programme, including risks, any additional resource requirements and other issues.

4. Alternative options considered

- 4.1 There are a number of individual projects across the Local Authority and CCG focused on the integration of health and social care. Consideration has been given to maintaining these as individual projects but this is likely to reduce their overall impact. In addition, legislative and policy requirements mean that taking no action on integration is not an option.

5. Background information

- 5.1. There is already a limited range of integrated services in the borough which have been developed by the CCG and the Council around a user-focused definition of integration - ie *I can plan my care with people who work together to understand me and my carer(s), allow me control, and bring together services to achieve the outcomes important to me.*
- 5.2. The best established of these is the Haringey Learning Disabilities Partnership. The Partnership offers joined up provision across health and social care meaning users, families and carers go to a single organisation to meet a wide range of health and care needs. The Partnership is commissioned jointly by the Council and the CCG to support more effective planning and service improvement. The Partnership has successfully improved outcomes for local residents with learning disabilities, promoting their independence, achieving better access to primary care and reducing reliance on residential care. Other integrated services already in place include



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provision for people with mental health needs where social workers work as part of provision in Barnet, Enfield and Haringey Mental Health Trust.

- 5.3. With the advent of the Better Care Fund (BCF), the Children and Families Act and the Care Act, there is an increasing emphasis locally and nationally – building on joint approaches already embedded in legislation and policy – on integration and joining up a wider range of services around residents to improve outcomes and the experiences of users and patients. In addition, as demographic pressures continue, integration provides a way of managing future pressures, and delivering efficiencies over the shorter term.
- 5.4. To implement recent legislative and policy requirements, a number of projects have been set up across the Council and the CCG, which have some element of integration running through them:
- Better Care Fund
 - Care Act Implementation
 - SEND reforms and the 0-25 Offer
 - Fulfilling Lives – adults service redesign
 - Value Based Commissioning
- 5.5. The proposal in this paper is to establish a Health and Care Integration Programme to ensure a more focussed and co-ordinated approach so that we can maximise the advantages of integration of health and social care for Haringey residents. The projects set out above would be incorporated into the programme and a number of cross-cutting themes such as ICT, Information, Advice and Guidance and Workforce Development which have already been identified across the projects will be picked up and strengthened through a programme approach.
- 5.6. The programme will support the outcome articulated in the refreshed Corporate Plan that children, young people and adults are healthy, thrive and achieve their potential. In order to do this, the Council will focus on prevention and early intervention both to avoid needs arising or escalating and to build people's ability to manage their own care. This is in accord with the CCG's vision to make primary care and care closer to home really work for all Haringey's residents, shifting the balance of the system from acute to primary and community care provision.
- 5.7. The aim of the programme would be to transform and join up services in health and social care and ensure that there is effective co-ordination and integration where appropriate with other services in the Council (such as housing). Demand for health and social care services is increasing and in a time of decreasing, funding organisations need to change how they operate to overcome the funding gap. By aligning services, reducing duplication and preventing institutionalisation of people particularly into residential and nursing care, significant savings can be made, whilst we support greater independence and quality of life for residents. The programme will drive the service redesign necessary to transform services for adult social care



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and children with special educational needs and disability in line with legislation, best practice and a reduced budget envelope for the portfolio.

- 5.8. The programme will have interdependencies with each of the other corporate programmes.
- 5.9. The vision for the programme is that it deliver integration of services where it is appropriate and cost effective to do so, and where integration would deliver better services for residents.
- 5.10. The full scope of the programme has yet to be determined and it is proposed that this will be a priority in the first three months of its establishment. It is anticipated, however, that initial priorities will be integration for three client groups: the frail elderly, those with mental health conditions and children and young people (with a particular focus on those with special educational needs and disabilities). These groups offer the greatest opportunities for improving outcomes through integration in combination with managing cost pressures. Ensuring that integration is built on sound principles of improving outcomes for residents, enhancing residents' experience of care and delivering efficiencies and value for money will offer an opportunity to achieve the vision and objectives set out in the refreshed Corporate Plan and the CCG's Strategic Plan. Examples of ways to support this would be a focus on self managed support, greater personalisation, better care coordination, commissioning for outcomes, intervening earlier to prevent needs escalating and building on community assets to improve the health of the wider population.
- 5.11. Effective integration requires a strong partnership between the CCG and the Council. It is therefore proposed that this corporate programme is a joint one, owned by both partners. It is suggested that the programme would be consistent with existing corporate programmes in its set-up, management and documentation.
- 5.12. The Health and Wellbeing Board has a statutory responsibility to oversee strategic integration in the borough and therefore will form part of the governance for the programme in effective acting as high level strategic body to ensure coherence with other initiatives affecting the improvement of health and care outcomes for local residents. This could include, for example, proposals regarding primary care in the borough. However, as a joint programme which may in future require significant decisions in relation to funding, both the CCG's Governing Body and Council separate decision making structures will also be part of the governance.
- 5.13. The details of the governance structures below the Health and Wellbeing Board are currently being developed. Proposals are being considered to streamline existing arrangements and to optimise linkages across the programme. It is noted that as the programme is further developed, such structures may need to be added to or adapted.

6 Comments of the Chief Finance Officer and financial implications



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- 6.1 Some of the activity associated with this programme will be carried out by staff across the Council, especially Adult Social Care and Commissioning, and will be funded from existing budgets. However, there will be a requirement for additional resources. The additional cost is initially estimated as £1,710k over three years starting in 2014/15 (£500k/£605k/£605k). This is an early estimate before the scope of the programme has been fully defined and so may need later revision as the programme progresses.
- 6.2 There are a number of transformation programmes currently underway, or planned, and the Council has created a Transformation Reserve in order to fund them. In November, the Cabinet will be asked to approve the funding for the overall programme, which will include a bid for funding for this particular programme. The size and scope of the programme will be reviewed in light of this funding decision.
- 6.3 Any costs incurred in advance of the formal approval of transformation funding will need to be met from the Adults Service budget.
- 6.2 In the short to medium term this programme is expected to deliver a range of benefits including improved outcomes for local residents and significant cost savings for the Council and its partners. The financial benefits for the Council will be incorporated into the Medium Term Financial Strategy.
- 7 Comments of the Assistant Director, Corporate Governance and legal implications**
- 7.1. The recommendation to set up a Health and Care Integration Programme is conducive to the Council's and the Clinical Commissioning Group's statutory powers to enter into arrangements that are likely to lead to an improvement in the way their respective functions are exercised and that include integrated commissioning and provision of services. These powers in particular those relating to the Council are set out in Sections 75 of the National Health Services Act 2006 (as amended) (*arrangements between NHS bodies and local authorities for the delegation of functions, lead commissioning, pooled budgets and/or integrated provision*), Sections 25 and 26 of the Children and families Act 2014 (*Education, health and care provision: integration and joint commissioning*) and Section 3 of the Care Act 2014 (*Promoting integration of care and support with health services etc*).
- 7.2 The Health and Wellbeing Board is under a statutory duty to encourage integrated working between health and social care commissioners, including providing advice, assistance or other support to encourage arrangements under section 75 of the National Health Service Act 2006 in connection with the provision of health and social care services (195 of the Health and Social Care Act 2012). The recommendation that the Health and Wellbeing Board provides strategic oversight of the Integration Programme is compatible its duty."

8 Equalities and Community Cohesion Comments



8.1 The proposed Health and Care Integration Programme is designed to provide health and social care services that produce better outcomes and a better experience for all local people. As a result it serves the interests of all protected groups, whose health and wellbeing it promotes, and is aligned with the Council's commitment to equalities.

9 Head of Procurement Comments

9.1 The Head of Procurement has been consulted and notes that whilst there are no procurements underway through the programme currently, any future procurements undertaken as part of the ongoing programme will need to be in line with the Procurement code of Practice.

10 Policy Implication

10.1 There are no direct policy implications arising out of this report however national policy is a key driver of integration especially from the Better Care Fund and Care Act Implementation and this programme of work will complement and add value to work under this remit.

11 Reasons for Decision

11.1 Improving health outcomes through the principles of prevention, early intervention and community resilience is the strategic direction of the council. This programme provides the mechanism to achieve these aims by improving outcomes for residents. In order to meet savings targets across the Council, Adult Social Care needs to be reviewed. The best option for this is to redesign services and work in partnership. A decision is required to scope out a programme to join up projects working on integration in order to establish a corporate programme alongside existing corporate programmes, ensuring consistency, alignment and efficiency.

12 Use of Appendices

None

13 Local Government (Access to Information) Act 1985

Not Applicable