Report for: Adults and Health Scrutiny Panel, January 2019

Title: Joint Commissioning and Integrated Care

Report authorised by: TBC

Lead Officer: Tim Miller, Joint Assistant Director Vulnerable Adults and Children, Haringey Council and Haringey CCG.
tim.miller@haringey.gov.uk
Marco Inzani, Assistant Director Commissioning, Haringey CCG.
Marco.inzani@nhs.net

Ward(s) affected: ALL

Report for Key/ Non Key Decision: Non key decision

1. Describe the issue under consideration

1.1 Jointly commissioned or provided health and social care services have been an ambition of successive governments and leaders in Councils and the NHS. Many residents and professionals find the differences between health care (free at point of delivery) and social care (subject to charging), and between their many different iterations, to be confusing and inequitable.

1.2 The fundamentally different legislative frameworks and professional disciplines of NHS and Council services initially proved resistant to integration, but significant headway is now being made. Such integration shaped by a number of national drivers and programmes of work, but with significant levels of local discretion, variation and implementation – there is no single model or approach for joint or integrated commissioning or provision. This report sets out Haringey's progress in this area, in the context of the North Central London sub-region and England more generally.

1.3 Haringey has set out clear strategic ambitions to enhance integration of health, care and wellbeing support in order to drive benefits for individual residents and the wider population. The Borough Plan sets out the ambition that the Council and Clinical Commissioning Group (CCG) will "continue to integrate services enabling residents to get the right care in the right setting at the right time". A key way of delivering on this will be to develop "local integrated care networks to provide responsive and integrated care linking primary care, community health services, mental health and social care".

1.4 This paper sets out the position of the three main components of work to deliver these aims: joint commissioning, joint planning via the Borough Partnership and joint delivery of services.

2. Recommendations

2.1 That the Adults and Health Scrutiny Panel notes progress on joint commissioning, joint planning and joint delivery of services.

3. Reasons for decision

3.1 The Panel asked for a progress update in September 2019.

4. Alternative options considered

N/A

5. Background information

5.1 Duties

5.1.1 The Council has responsibilities to meet the care and support needs of residents under a range of statutory frameworks, notably the Care Act 2014 and the Children and Social Work Act 2017. There is also a broad range of duties and powers to improve the wellbeing of residents and prevent harm enshrined in this and other legislation.

5.1.2 The CCG has duties to commission health care services for the population registered with Haringey GPs.

5.1.3 There are many areas where the Council and CCG have duties to co-operate with each other in support of their functions, and particular areas where the duties of the two organisations are shared – for example, in providing free aftercare services for people who have been detained under the mental health act to prevent them requiring a further admission to hospital.

5.2 Commissioning

5.2.1 Commissioning is the process used to identify needs, plan and design services and allocate resources in order to achieve outcomes. This is carried out through specifying outcomes and initiatives through funding – whether externally or internally – organisations to provide services needed by residents.

5.2.2 Building on the track record of working together in commissioning, in 2016, the Council and CCG formalised its joint commissioning arrangements through a 'Section 75' (of the National Health Service Act 2006) Joint Commissioning Partnership Agreement. This set out a shared arrangement for commissioning services together and to achieve a single set of outcomes, for

- Adults with learning disabilities
- Adults with mental health conditions
- The Better Care Fund / older people
- Children and Adolescents' Mental Health Services
- Violence against Women and Girls

5.2.3 In each area, the partners agreed to 'align' their budgets under the management of a single lead commissioner, who was accountable to a joint governance set up between the two organisations.

5.2.4 The Better Care Fund (BCF) is a fund in effect pooled at national level and enabling a well-established national programme to support integration of health and social care to promote joint management of individuals and the independence of residents and to improve outcomes for local people more generally. As part of the national conditions, Haringey submits an annual Better Care Fund Plan and has already submitted a Better Care Fund (BCF) Plan for 2019-20 approved by the Health and Wellbeing Board explaining how partners will progress integration and the outcomes expected.

5.2.5 The BCF Plan is under-pinned through a Section 75 agreement signed between the CCG and Council. The funding in the BCF Plan brings together 4 different grants and allocations:

- Minimum CCG allocation to the BCF Plan, which funds over 25 different services and schemes ranging from those focussed on early intervention and prevention through to helping people recover after a spell in hospital but many of which are multi-disciplinary and multi-agency in nature;
- Improved Better Care Fund (iBCF) directly to the Council. This is used to meet the growing demand for care packages and reduce the financial risk for LBH;
- LA Winter Pressures which is used to mitigate increased demand within the social care system particularly during the winter;
- Disabled Facilities Grant which is used to fund major adaptations to LBH clients' properties (regardless of tenure type) to support them to live at home for as long as possible.

BCF Plan Element	Revised 2019/20
DFG	£2,360,942
iBCF	£8,369,874
Winter Pressures Grant	£1,148,202
Minimum CCG Contribution	£18,800,956
TOTALS	**£30,679,974**

Table 1 - BCF Plan Funding Source 2019/20

5.4 Joint Provision

5.4.1 As well as commissioning together, the Council and its NHS partners provide services together. Some key examples of this are:

- Joint health and social work teams in adult mental health, where the Council's social work teams work within and alongside the NHS teams at Barnet Enfield and Haringey NHS Trust.
- Haringey Learning Disability Partnership, a fully integrated health and social work service led by Haringey Council and including Whittington Health and Barnet, Enfield and Haringey NHS Trust
- Joint health and social work teams to manage the long-term needs of individuals with significant multiple health and social issues, such as older people with frailty, who frequently have several different medical conditions and may have issues in getting about and out of the house;
- Joint health and social care teams to support people with hospital discharges (or to prevent hospitalisation) for those who need it, and to help arrange onward support into the community to help them recover after crisis or illness.

6 Focus in on Areas of Joint Funding

6.1 Hospital discharge and Short-Term Support Post-Crisis

6.1.1 A significant proportion of the BCF Plan funds joint discharge arrangements from hospital. For those who need it, hospital and community-based staff work with inpatients and families to prepare support into the community prior to hospital discharge through a process called 'discharge to assess'. Community-based partners have set up a Single Point of Access (SPA) which is hosted in the Council for multi-agency discharge staff to progress discharge for Haringey residents. The SPA triages these cases and arranges short-term support for individuals with the aim of helping them recover their health and independence as far as possible either in their own home (with therapists and other staff visiting them routinely) or in specialist nursing care home beds – this short-term support is called 'intermediate care' whilst the short-term support at home the Council provides is called 'reablement'. An individual is assessed at the end of this period to determine whether they need any longer-term care and who should fund this, including through NHS Continuing Health Care.

6.1.2 In 2019/20, we saw:

a. Improvements in access to Single Point of Access (SPA) including expanding the resources in SPA to make sure decision-making about the 'next steps' for the individual are progressed in a timely way;
b. 1,000+ reablement episodes were available to adults. LBH's Reablement Service provides short-term (<6 weeks) intensive therapy to help people recover their ability to undertake daily living tasks, such as washing or getting around their home, after a crisis and/or hospital episode;
c. The majority of these individuals were aged 65+, and, of these, 78% were at home for 91 days after hospital discharge, i.e. as opposed to returning to hospital or being admitted to a care home – a national BCF Plan metric. We anticipate both the number of people using the service and the proportion of people at home will increase as part of our plans for 2019/29;
d. A 21% reduction in the rate (per 100,000 people) of delayed days for the transfer of care (discharge) from hospital over a 2 year period – a national BCF Plan metric. This measures the extent to which, for whatever reason, a

patient's discharge is delayed. The further improvement to our integrated multi-agency discharge pathways (including SPA) in 2019/20 and investment from BCF Plan supported this improvement.

6.2.2 At a more strategic level, the Health and Well-Being Board signed-off a multi-agency Ageing Well Strategy at its meeting in October 2019, which committed partners to work together to support people with frailty to live and age well. The structure of the Strategy takes a 'life-course' approach to ageing and becoming frailer. One section of the Strategy discusses the further joint improvements to the Borough's intermediate care 'offer' in 2020 as part of helping people recover after crisis.

6.3 Adult Mental Health and Learning Disability care package commissioning

6.3.1 As noted in section 5.4, there are in place integrated health and social work teams for adults with mental health conditions or learning disabilities.

6.3.2 The Council and CCG funding for packages of care is set out in the joint commissioning Section 75. The partners have a single funding panel for agreeing care funding and use a structured set of tools to agree the funding shares between the two organisations. There has been a significant amount of work together to improve the pathways in this area and improve clarity for staff, always focusing on minimising delays in residents getting the care and support they need.

6.3.3 A major step forward in improving this is the creation of an Integrated Brokerage team. Building on the successful work in developing the Council's Brokerage function, the CCG have now transferred their brokerage function under the management of the Council team to create an integrated team. This will

- Improve the resilience of the services by making them part of a single larger service
- Reduce the risks of issues happening during transfers between the Council and CCG as people's funding eligibility changes
- Improve the consistency of our dialogue with the market of care providers and our oversight of price and quality

6.3.4 Lead Commissioners are now setting out delivery plans for the coming years that will set out the changes expected in the service offer available which will improve cost and quality, but also better meet the needs of Haringey residents.

6.3.5 Overall, the ambition remains that fewer people need to move out of the borough to get the services they need, and more tailored support is locally available that can respond to the diversity of local populations and the shape of people's needs, particularly where people have more than one disability or health condition.

6.4 Preventative services

6.4.1 Partners work closely together in a range of commissioning and planning for preventative support from the voluntary and community sector. Over time,

partners are developing a community-based approach to commissioning to better support people who need early intervention and prevention, as well as those who have more significant care and support needs. Examples of this include:

- Community Navigators:
  The Council, CCG, GP Federation and voluntary and community sector partners have collaborated to develop a Community Navigator Network which will be formally launched in January 2019. This aims to provide a network of support for the 30+ navigators operating in Haringey. These navigators work for a variety of different agencies in the Borough and are commissioned in different ways. Their aim, however, is broadly the same: to work with people to understand their needs and help people connect to opportunities in the community they might value and/or to navigate the care system. We have captured broad principles and outcomes, and common models of support, associated with community navigation in a joint framework to better help coordinate activities. We have developed a similar framework for community-based solutions to fit with this navigation framework.

- Investment in information, advice and guidance including through Haringey's Connected Communities set up to improve access to Council and Voluntary services and support in Haringey to encourage residents to live their version of a good life. The team is based in community settings all over the borough to make services more accessible, providing support with:

  - Linking clients up with specialist support such as employment, Council Tax and Housing advisors
  - Support with navigating through the system to access the right support when it's needed
  - Providing information, advice and guidance on a broad range of services and topics to help clients become more independent

- The Wellbeing Network: a partnership led by Mind in Haringey which is commissioned by the joint commissioning arrangements.
  - It offers social prescribing, support, advocacy, wellbeing activities, mental health first aid training, peer support and community asset development. The focus is on improving the wellbeing and outcomes of residents living with mental health conditions and seeks to prevent further ill-health or need for statutory services.

6. Contribution to strategic outcomes

6.1 The joint commissioning approach briefly described here and the services commissioned support the Borough Plan's partnership priorities and outcomes, notably:

- Outcome 5: "all children will be happy and healthy as they grow up…", and
- Outcome 7: "all adults are able to have healthy and fulfilling lives…"

7. Statutory Officers comments (Chief Finance Officer (including procurement), Assistant Director of Corporate Governance, Equalities)

Finance and Procurement

7.1 This is an update report for noting and as such there are no direct financial implications associated with this report.

Legal

7.2 This is an update report for noting and as such there are no recommendations for action that have a direct legal implication.

Equality

7.3 This is an update report for noting and as such there are no recommendations for action that require an equalities consideration.

However, due to the intersections between inequality and health and wellbeing outcomes, commissioners are very mindful of Haringey's diversity and our responsibilities to take action with regard to the protected characteristics through the services we commission.

8. Use of Appendices

N/A

9. Local Government (Access to Information) Act 1985

N/A