

Cabinet

13 March 2019

County Durham Health and Social Care Plan update

Ordinary Decision



Report of Corporate Management Team

Jane Robinson, Corporate Director of Adult and Health Services

Councillor Lucy Hovvels, Cabinet Portfolio Holder for Adult and Health Services

Electoral division(s) affected:

Countywide.

Purpose of the Report

- 1 To provide an update on the Integration of Health and Social Care in County Durham as outlined in the report to Cabinet in April 2018, which described a developing Health and Social Care Plan for the County.
- 2 To provide a progress update on the development on an Integrated Strategic Commissioning function.

Executive summary

- 3 Since 2018 progress has been made on each of the key elements described in the earlier Cabinet report;
 - (a) A new Integrated Governance Framework has been implemented;
 - (b) An Integrated provider model for community services went live on 1 October 2018 and;
 - (c) Work has been progressing on the development of an Integrated Strategic Commissioning Function.

Recommendation(s)

4 Cabinet is recommended to:

- (a) Note the progress made in integrating Health and Social Care since April 2018;
- (b) Note that this report will also be presented to the Governing Bodies of both North Durham and Durham Dales, Easington and Sedgefield Clinical Commissioning Groups;
- (c) Endorse the direction of travel in relation to the development of an Integrated Strategic Commissioning Function;
- (d) Agree the principles upon which an Integrated Strategic Commissioning model will be based;
- (e) Receive further reports on Options for an Integrated Strategic Commissioning Function.

Background

- 5 In County Durham, there is a strong and long-standing track record of effective partnerships and integrated working i.e. Mental Health and Learning Disability Services and Intermediate Care plus, which are well established. In addition, the Council and CCGs have jointly commissioned in areas such as; Community Equipment; Carers Services; Social Prescribing and the post diagnosis Autism service.
- 6 The benefits of such an approach include;
 - a) Faster improvements in care.
 - b) Improved health outcomes across whole populations.
 - c) An improved approach to prevention with a focus on joined up solutions.
 - d) Less duplication across the system, making it easier to navigate for the public and staff.
 - e) Maximising the impact of the Durham pound by using collective resources more efficiently.
 - f) Connecting and supporting people more effectively in their own communities.
- 7 In April 2018, a joint report was presented to Cabinet and to the Governing Bodies of both North Durham and Durham Dales, Easington and Sedgefield Clinical Commissioning Groups (CCGs) which outlined a proposed direction of travel in developing a Health and Social Care Plan for County Durham.
- 8 The report described three key elements;
 - (a) A new Integrated Governance Framework;
 - (b) An Integrated provider model for community services, and;
 - (c) A proposed Joint Strategic Commissioning Function
- 9 Given this strong track record of integrated working in the County and integration being a key policy driver for many years, both Cabinet and the CCG Governing Bodies endorsed the report fully.
- 10 The NHS Long-Term Plan, which was published on the 7 January 2019, supports the direction of travel underway within the County.

Current position

- 11 Since April 2018 progress has been made against each of the areas outlined above;
- a) A new Integrated Governance Framework has been implemented, with all groups now established and key meetings chaired by Chief Officers. The Integrated Care Board has also expanded its membership to include Primary Care. It is important to note that the new governance arrangements include an Integrated Commissioning Group and an Integrated Steering Group for Children. A copy of the governance chart is attached as Appendix 2.
 - b) In August 2018, an appointment was made to the joint post of Director of Integrated Community Services, who has overall responsibility for the delivery of Integrated Community Services. In October 2018, the new community contract for NHS services went live and the Director of Integrated Community Services has brought together the Integrated Senior Leadership Team, aligning health and social care.
 - c) Teams Around Patients (TAPS) – are well advanced and fit well with the development of Primary Care Networks as set out in the NHS Long-Term Plan. We have wrapped community nurses, mental health and social care workers around populations of 30-50,000 people. Those networks are already delivering proactive care to our frail and elderly populations, with a view to enhancing independence at home and supporting a movement of care out of acute hospital settings.
 - d) As part of the new governance arrangements the Integrated Commissioning Group has been developing the options for an Integrated Strategic Commissioning function.

Integrated Strategic Commissioning Function

- 12 The Integrated Commissioning Group has met several times over recent months, undertaking a number of tasks to shape the potential options for County Durham. This has included;
- a) Completion of a self-assessment against the Local Government Association publication; *Integrated Commissioning for Better Outcomes Framework*;
 - b) Reviewing functions which could be included within an Integrated function;
 - c) Agreeing potential budgets for inclusion, which could amount to in excess of £1billion.

- 13 As a result, emerging actions from the above are now being formulated into an action plan with dedicated project support to manage this as a discrete piece of work.
- 14 In parallel to this work Commissioners have continued to look for opportunities to work more jointly whilst operating within current arrangements i.e. a joint approach is currently being taken towards to the commissioning of Domiciliary Care.

Emerging Principles

- 15 The following have been proposed as working principles upon which a new model for Integrated Commissioning will be developed;
 - a) That the function would capture all ages i.e. commissioning for Children and Adults across the whole life course.
 - b) That whilst the initial focus would be on Community Services it is acknowledged in line with national policy, that the direction of travel is for more hospital based services to be provided in the Community.
 - c) That any model would need to work with existing and emerging elements on a potential Hub and Spoke model i.e. links with; Primary Care Networks and Teams Around The Patients; the Accountable Care Partnership and the five CCGs operating across the Tees Valley.
 - d) Joint Management arrangements would be required reporting to the Corporate Director of Adult and Health Services and the Chief Officer, Durham Dales, Easington and Sedgefield CCG.
 - e) Any integrated team would follow the same approach adopted within the Community Services model where staff retain their employment status with their own organisation and associated Terms and Conditions.
 - f) That Durham County Council would host an Integrated Function giving opportunities to explore support to CCGs, for example in terms of legal advice.
 - g) That the existing connections with Primary Care would be enhanced to ensure the local influence of clinical leads across the Primary Care Network is maximised.
 - h) That both Durham County Council and the Clinical Commissioning Groups would retain their statutory responsibilities and decision-making processes.

Next Steps

- 16 The Integrated Commissioning Group will continue to meet to develop an options paper for future consideration by Cabinet and the CCG Governing bodies.
- 17 This will include options around future management arrangements.

Main implications

NHS Long-Term Plan

- 18 The NHS Long-Term plan states the importance of Health and Social Care integration in the future. However, consideration needs to be given to the interface between work in County Durham and the emerging Integrated Care System across North Cumbria and the North East as well as the Integrated Care Partnerships (ICP) below that where Durham sits centrally with Sunderland and South Tyneside.
- 19 Whilst the NHS Long-Term plan supports the direction of travel, it creates some uncertainty in that it references future plans for there to be one CCG per Integrated Care System, giving a clear expectation that CCGs will be expected to merge in the future. In the North East and North Cumbria, it is expected that CCGs will be merged across current Integrated Care Partnerships (ICPs).
- 20 Currently both Durham CCGs are working closely together but are also working under one management team across the five southern CCGs in the Tees Valley. If a CCG merger does not happen across ICP boundaries, a merger of the five southern CCGs might be a future possibility.
- 21 Consideration of what this will mean and the implications, particularly financial, will be given during the development of an Options paper.

Conclusion

- 22 It is clear that integration of Health and Social Care continues to be the direction of travel within the NHS Long-Term Plan.
- 23 Since April 2018, considerable progress has been made in moving forward with the Integration of Health and Social Care in County Durham. This has resulted in:
 - a) Established Primary Care Networks (PCN) which will make practices more resilient at a time when Primary Care is in crisis from a workforce point of view. PCN's are now in a central position, to help support and influence local commissioning activity.

- b) The PCN model expanding to include paramedics, Improved Access to Psychological Therapy Services, the voluntary sector and pharmacists.
 - c) PCNs have already taken on additional work that used to be performed in secondary care, providing it closer to patients own homes and in a more cost effective way.
 - d) Teams Around Patients (TAPs) involving Mental Health, Community Nurses, GPs and Social Workers providing proactive care and support to promote independence.
 - e) TAPs already improving the care of people in care homes and are reducing hospital lengths of stay and hospital re-admissions.
 - f) Improved relationships and communication between GPs and community services, with reduction of duplication in the system.
- 24 Changes to CCG configuration create uncertainty and may impact on progression of local plans but given there is limited detail on this and the fact that there is stability and positive relationships locally it is important to continue to progress.

Background papers

- Cabinet report April 2018. Developing a Health and Social Care Plan for County Durham.

Other useful documents

- Previous Cabinet reports / None

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Appendix 1: Implications

Legal Implications

In recent years, there have been a number of legislative and policy developments to assist the development of integrated health and social care. This report sets out how the local authority and CCGs are discharging their respective statutory duties to promote the integration of care under the Health and Social Care Act 2012 and the Care Act 2014.

Finance

There are no cost implications at this stage. Clearly, in progressing the development of Options and given the size of budgets involved i.e. c. £1bn finance colleagues from both the Council and CCGs will continue to be involved.

Consultation

There are no consultation requirements at this stage.

Equality and Diversity / Public Sector Equality Duty

Equality and Diversity will be considered in the development of the options.

Human Rights

Human rights are not affected by the recommendations in this report.

Crime and Disorder

Not applicable.

Staffing

There are no specific staffing implications at this stage. The Principles outlined in the report describe joint management arrangements, which will be considered carefully with advice from HR in both the Council and CCGs.

Accommodation

No Issues at this stage.

Risk

Current risks link to uncertainty over future CCG configuration, which will need to be considered in detail as Options are developed. Any future model will need to include a detailed risk share agreement, development of which will be part of the project plan.

Procurement

No issues at this stage but will form part of the consideration moving forward.

Appendix 2



