

Cabinet

14th September 2022

Health & Care Integration

Ordinary Decision



Report of Corporate Management Team

Jane Robinson, Corporate Director of Adult and Health Services

Councillor Chris Hood, Cabinet Portfolio Holder for Adult and Health Services

Electoral division(s) affected:

Countywide

Purpose of the Report

- 1 To update Cabinet about potential changes to health and care integration and seek agreement to a preferred option for discussion with health and care partners.
- 2 To seek agreement to present further reports following those discussions with health and care partners.

Executive Summary

- 3 The Health and Care Act 2022 received Royal Assent on 28 April 2022. The Act includes provisions to strengthen health and care integration which the Government set out in more detail in the Integration White Paper (February 2022).
- 4 Alongside other measures, the Integration White Paper offers 5 options for partnership working between health and social care at a place-based level. These options have been developed by NHS England with the Local Government Association. 'Place' is defined as upper tier Local Authority areas. For us, those are the boundaries of County Durham.
- 5 The Integration White Paper asks that health and care partners implement one of the 5 options in their 'places' by April 2023.

- 6 The County Durham Care Partnership (CDCP) has discussed the 5 options available and has expressed a preference for a Joint Committee to:
- (a) Be co-produced with the North East and North Cumbria Integrated Care Board (ICB);
 - (b) Operate in 'shadow form' from October 2022, as detailed Government guidance is not currently available;
 - (c) Be fully operational from April 2023.

Recommendation(s)

- 7 Cabinet is recommended to:
- (a) note the potential changes to health and care integration set out in the Health and Care Act 2022 and the Integration White Paper (February 2022);
 - (b) agree the preferred option for future health and care integration is a Joint Committee to be:
 - co-produced with the ICB;
 - operate in 'shadow form' from October 2022;
 - fully operational from April 2023.
 - (c) note that further detailed discussion is needed with health and care partners and, that Government guidance may be published which would have an impact on the preferred option;
 - (d) Request further reports are presented following discussions with health and care partners with more detailed proposals for consideration.

Background

- 8 Durham County Council has a strong track record in integrating health and care services over many years. In 2018, the Council and Partners formed the County Durham Care Partnership (CDCP). Since 2018, the Council and CDCP have:
 - (a) Integrated Adult Care and NHS Community Services and formed stronger working relationships with primary care
 - (b) Sustained integrated teams in Mental Health and Learning Disabilities
 - (c) Progressed integration through an Integration Programme
 - (d) Made joint appointments with health partners in Commissioning and Adult Social Care and Community Services
 - (e) Revised the CDCP structures in April 2021 in anticipation of changes in the Health and Care Act 2022. A copy of the current Terms of Reference and Memorandum of Understanding for the CDCP Executive is attached at Appendix 2.

- 9 In February 2022, the Government published the Integration White Paper which set out its ambitions for future joint working between health and care. In summary, the White Paper:
 - (a) Recognised the joint challenges facing health and care in increasing and more complex demand, resources, prevention, and workforce
 - (b) Acknowledged the work done so far by the health and care sectors and the commitment to do more learning from the experience of Covid-19
 - (c) Set out its ambition to 'level up health outcomes' and put 'much greater emphasis on prevention'
 - (d) Defined successful integration as 'the planning, commissioning, and delivery of co-ordinated, joined up seamless services to support people to live healthy, independent, and dignified lives and which improves outcomes for the population. Everyone should receive the right care, in the right place at the right time'

- 10 The White Paper has some specific proposals, such as:

- (a) A shared outcomes framework for health and care in County Durham. We have a shared outcomes framework in place in County Durham
 - (b) A designated person with responsibility to deliver the shared outcomes framework
 - (c) Changes to nationally determined regulations about workforce, digital and data, financial pooling, and assurance mechanisms with underpin integration
 - (d) Proposals to strengthen the health and care services in place that feel familiar to the people living in them, while strategic planning is carried out in the North East and North Cumbria level 'places will be the engine for delivery and reform'
- 11 The White Paper offers 'places' 5 options which have been developed with the Local Government Association. These include:
- (a) A Consultative Forum led by the ICB with an advisory role on changes to health and care
 - (b) The delegation of decisions to an 'individual executive' or other staff by the statutory bodies in a 'place'
 - (c) A committee of a statutory body. This could be the ICB or Council acting alone or together
 - (d) A Joint Committee of health and care partners with delegated defined decision-making functions which are consistent with the Constitutions of the statutory bodies
 - (e) A lead provider, such as an NHS Trust, managing resources on behalf of partners under a contract with the ICB and/or the Council for a defined set of services
- 12 The CDCP has considered which of these options would:
- (a) Help us to deliver our vision for integrated care. 'To bring together health, social care and voluntary organisations to achieve improved health and wellbeing for the people of County Durham'
 - (b) Build on the strengths of our current partnerships
 - (c) Supports the wider aims of the Health & Wellbeing Board to reduce health inequalities
 - (d) Is the most effective way to address our shared demand, complexity, workforce, finance, and assurance challenges

- (e) Involve all partners including the voluntary sector and HealthWatch
- 13 The CDCP's preferred option is a Joint Committee. This option meets the criteria set out above. Unlike the other options, it includes all partners and gives the maximum potential to integrate health and care.
- 14 In May 2022, the Chief Executive of the ICB attended the Health & Wellbeing Board and suggested that the ICB would co-produce a Joint Committee with the CDCP. This would include arrangements for:
- (a) Leadership, accountability, and finance
 - (b) Shared planning and managing delivery against an outcomes framework
 - (c) Shared risk identification and management
 - (d) Common systems to use data and maximise the impact of digital innovation on health and care
 - (e) Clear accountability to partners especially statutory partners
 - (f) Financial frameworks and incentives
 - (g) Oversight of and support for the quality of services
 - (h) The inclusion of a wide range of services such as Adult Social Care, Children and Young People's Services, Public Health, Commissioning and Supported Housing
- 15 On 24 June 2022 ICB staff met with partners from local authorities, the voluntary sector, NHS Trusts, and patient groups to discuss each of the options. This meeting helped clarify the possible governance, membership and functions of a Joint Committee and the importance of the Health & Wellbeing Board.

Possible Governance

- 16 A Joint Committee would enable collective decisions to be made within its scope of delegated authority on behalf of several organisations such as the ICB and the Council. The Joint Committee would bring about multi-agency decision making and delegation of resources to address the health and care needs of residents more effectively.
- 17 A Joint Committee would have direct lines of reporting and assurance to the ICB, the Health & Wellbeing Board and Cabinet. It would require agreement by all partners but especially the statutory bodies of the ICB and the Council to levels of delegated authority. It would be expected

that levels of delegated authority, governance and operating principles would be set out in a formally agreed Memorandum of Understanding

- 18 We already have an agreed Terms of reference and Memorandum of Understanding for the County Durham Care Partnership Executive that we can use to establish? a Joint Committee with the ICB

Possible Membership

- 19 As a minimum it is expected that the membership of a Joint Committee would include:
- (a) A chair jointly appointed by Joint Committee members
 - (b) Senior ICB officers
 - (c) Senior Local Authority officers covering services such as Adult Care, Children and Young People's Services and Public Health
 - (d) Clinical leaders from Primary, Community and Secondary care
 - (e) Senior officers from NHS Trusts
 - (f) The voluntary sector
 - (g) Patients and service users
- 20 Our current arrangements in the County Durham Care Partnership Executive has a membership which covers the ICB, Council, NHS Trusts, clinical leaders, County Durham Community Action, and County Durham HealthWatch

Possible functions

- 21 A Joint Committee could:
- (a) Develop and agree a plan to meet the healthcare needs of the local population. This would build on our current Health & Wellbeing Strategy and Commissioning and Delivery Plan.
 - (b) Plan and commission services (to include developing business cases and procurement strategies) in line with the ICB and Council's schemes of delegation and delegated financial limits
 - (c) Commission local primary care services (excluding nationally negotiated GP contracts)

- (d) Develop local clinical leadership including clinical pathway redesign and helping to shape the commissioning of acute services
- (e) Build on existing strong relationships with communities and the wider local system including HealthWatch, the voluntary sector and other local public services
- (f) Foster service development and delivery with a focus on neighbourhoods and communities, ensuring local engagement and consultations are undertaken as necessary
- (g) Monitor local service quality and the place-based delivery of key enabling strategies as agreed by the ICB, the Council and partners
- (h) Monitor and deliver target outcomes and outputs set by the Secretary of State, NHS England, NICE, CQC, the Council and partners and providing assurance on progress

22 In addition, the Joint Committee will work with ICB place teams to:

- (a) Coordinate NHS input into local partnerships to improve public health prevent disease and reduce inequalities
- (b) Fulfil the NHS's statutory advisory role in adults and children's safeguarding
- (c) Jointly commission local integrated community-based services for children and adults including
 - (i) Care homes and domiciliary care
 - (ii) Continuing health care
 - (iii) Personal health budgets
 - (iv) Community mental health, learning disability and autism
 - (v) Children and young people's services (including transitions, special educational needs, and disabilities, looked after children)
 - (vi) Service integration initiatives and jointly funded work through the Better Care Fund and Section 75 agreements

23 In County Durham we already have an Integrated Commissioning Team which delivers many of the activities outlined above across health, adult

care, children and young people's care, public health, mental health, and primary care

Health & Wellbeing Board

- 24 Throughout the discussions with the ICB the importance of the Health & Wellbeing Board has been emphasised. Boards will have a central role to play in developing plans and strategies but also in monitoring the operation and progress of the Joint Committee. This is in line with the Board's role to promote integrated working

Financial arrangements

- 25 In County Durham, we currently have pooled or shared funding such as the Better Care Fund. The Integration White Paper (February 2022) suggests that greater flexibility to pool budgets and share resources could be given to Joint Committees. This will then lead to discussions about:
- (a) How shared budgets will be set, agreed, and monitored. It is likely that the Council's Budget and Policy framework and audit systems will continue to apply to Council funds put into shared budgets.
 - (b) How we manage budget pressures, underspends, and overspends.

Scrutiny and Corporate Oversight

- 26 The work of a Joint Committee would be within the scope of Overview and Scrutiny Committees. It is expected, that as now, Overview and Scrutiny Committees would receive reports from a Joint Committee and can scrutinise performance and progress against objectives. Overview and Scrutiny Committees would, as now, be able to carry out more detailed examinations leading to service improvements and better outcomes for residents
- 27 In terms of corporate oversight it is expected that the senior staff who are part of the Joint Committee would report back to their organisations. For the Council this would be via Corporate Management Team. For other senior staff it would include the ICB Executive and NHS Trust Executive's
- 28 As part of the discussions with health and care partners we will need to identify which duties and responsibilities could be delegated to the Joint Committee. This will require the advice and support of the Councils

Legal and Democratic Services Team to ensure consistency with the Council's Constitution.

- 29 Cabinet may wish to note that guidance from the Government about the 5 options for 'place' based working, finance and resources mentioned in the White Paper has not yet been published but is expected in late summer or early autumn.

Conclusion

- 30 County Durham has a strong track record in the integration of health and care. The Integration White Paper and Health and Care Act 2022 provides opportunities to build on the success of the County Durham Care Partnership. The option for 'place' based working offered by the White Paper which would appear to deliver the council's agreed vision for integration and our wider aims for health and care is a Joint Committee

Background papers

- NHS England and the Local Government Association 'Thriving Places: Guidance on the development of place-based partnerships' September 2021
- Department of Health and Social Care 'Health and Social Care Integration: Joining up care for people, places and populations' February 2022
- HM Government Health and Care Act 2022

Other useful documents

- None

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Appendix 1: Implications

Legal Implications

The proposed Joint Committee will need to be established in accordance with the provisions of the Health and Care Act 2022 and the Government guidance on 'place' based working, which is yet to be published. The Council will need to review its decision making arrangements within the Constitution to reflect the role and delegated powers of the Joint Committee.

Finance

The White Paper proposes changes to the regulations about pooling of health and care budgets and resources. The detailed guidance is yet to be published but is expected to give further discretion to health and care partners. The Joint Committee option will help health and care partners shared resources and manage variations in budgets collectively

Consultation

The CDCP Forum, HealthWatch and Durham Community Action will be involved in the co-production of a Joint Committee

Equality and Diversity / Public Sector Equality Duty

People who use health and care services have protected characteristics and these will be considered as part of the co-production of the Joint Committee

Climate Change

Our aim is to minimise duplication and reduce the use of transport by delivering care closer to home, this will contribute to the Council's zero net carbon target

Human Rights

None

Crime and Disorder

None

Staffing

None

Accommodation

None

Risk

None

Procurement

The Joint Committee option will enable further collaboration on procurement between health and care partners.

