Cabinet

15 March 2017

Integration of Health and Social Care Services Update

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

Purpose of the Report

1 The purpose of this report is to provide an update to Cabinet on the further integration of health and social care services.

Background

2 A previous report presented to Cabinet on 16 September 2015 provided an overview of the changes required to implement Part 1 of the Care Act 2014 and included an update on the transformation of Adult Care in County Durham. The duties and requirements of the Care Act 2014, which came into force on 1 April 2015, are now fully embedded and change the way adult social care and support is designed, commissioned and delivered promoting integration with the NHS and other health-related services.

3 The principle of integration has been a key policy driver over a number of years, highlighted in the Health and Social Care Act 2012 and subsequent legislation and Government programmes and is central to the vision for reform of health and social care services.

4 People living longer with significant, often complex, long-term health and social care needs compound demographic pressures, which results in increasing demand for, and cost of health and social care. In addition, local government is facing an unprecedented period of austerity, which is likely to continue beyond 2019/20.

5 As part of the Spending Review 2015, the Government announced a requirement that all local areas integrate health and social care services by 2020.

Sustainability and Transformation Plans (STPs)

6 The NHS Five Year Forward View (5YFV) set out a shared view on how services need to change and what models of care will be required in the future. The 5YFV contends that much more attention should be given to prevention and public health; patients should have far greater control of their

own care and barriers in how care is provided should be broken down. This means putting in place new models of care in which care is much more integrated.

7 Sustainability and Transformation Plans (STPs) are the 'blueprints' for accelerating the implementation of the NHS Five Year Forward View which outlines how health services need to change over the next five years in order to close the widening gaps in the health of the population, enhancing the quality of care and the sustainability of services. Recent NHS Planning Guidance outlined a new approach to help ensure that health and care services are built around the needs of local populations.

8 A key outcome focus for the STPs is on the delivery of more efficient services within the community on a seven-day basis, reducing the need for hospital visits, with the aim of improving results for patients, health and wellbeing (including mental health) as well as life expectancy.

9 Across the country, 44 STPs have been developed to drive transformation in health and care outcomes and tackle the three challenges identified in the Five Year Forward View:

- Improving the health and wellbeing of the population.
- Improving the quality of care provided.
- Improving the efficiency of NHS services.

10 There has been a great deal of confusion nationally about the purpose, timing and development of STPs.

11 A briefing note has been circulated to Elected Members providing an update in relation to the STPs covering County Durham.

12 Nationally, the NHS agreed that County Durham is covered by the footprint of two STPs in the North East. The North STP covering Northumberland, Tyne and Wear and North Durham; and the South STP covering Durham, Darlington, Tees and Hambleton, Richmondshire and Whitby.

13 The key priorities across the footprints to reduce the identified gaps in relation to Health and Wellbeing, Care and Quality, and Funding and Finance, are attached at Appendix 2, and include early intervention and prevention, integration, reconfiguration of hospital based services and rapid progress of implementation of new technology.

14 Updates on the development of the STP process have been presented to the North East Regional Joint Health Overview and Scrutiny Committee, the Better Health Programme Overview and Scrutiny Committee and the County Council's Adults Wellbeing and Health Overview and Scrutiny Committee.

15 The County Durham Health and Wellbeing Board has received presentations from NHS colleagues regarding the development process of both Sustainability and Transformation Plans and the Better Health Programme.

Members of the Health and Wellbeing Board have raised a number of questions and concerns with NHS colleagues.

16 The concerns raised by the Health and Wellbeing Board included the engagement process for the STPs and transport as a key consideration for residents who may have to travel further in any new hospital configuration, especially for those living in rural areas.

17 Additionally, the Health and Wellbeing Board have stated that any communications with members of the public need to be clear and identify key messages, in as simple a format as possible.

18 The Adults, Wellbeing and Health Overview and Scrutiny Committee have invited leads for the North and South STPs to attend Scrutiny Committee on 3 March 2017 as an opportunity for the Committee to receive an overview and an update on process in relation to STPs.

19 Prevention is a key part of the STPs and a workstream across both STP footprints is in place, with the Interim Director of Public Health County Durham attending these meetings. This will also take into account the recommendations of the NHS/NECA Health and Social Care Commission for Integration, led by Duncan Selbie, Chief Executive, Public Health England (attached at Appendix 3).

20 Integration is also a key consideration for STPs and the County Durham Integration Board (a sub-group of the Health and Wellbeing Board) have been requested to consider the STPs in the context of integrated services with a report being presented to the Health and Wellbeing Board in March 2017.

21 Questions will continue to be asked of NHS colleagues to ensure that the impact on NHS and social care services are appropriately considered.

South STP

22 The Better Health Programme (BHP), which has been running for a number of years (previously known as Securing Quality in Health Services) is part of the Durham, Darlington, Tees and Hambleton, Richmondshire and Whitby STP. The BHP seeks to ensure the delivery of high quality services, which make best use of resources to support long-term sustainability with key outcomes focussing on delivery of more community, based services on a seven-day basis, thereby reducing hospital attendance with the aim of improving patient outcomes.

23 The BHP, Neighbourhood and Communities Strategic Overview Group takes a whole pathway approach to the provision of health and social care. It initially focusses on frail older people, establishing a Discharge to Assess scheme and pro-active management in primary care, including self-management of patients and triage services run by multidisciplinary teams to manage more people in the community and reduce demand on hospital bed based services.

24 Under the BHP Neighbourhood and Communities Strategic Overview Group, two specific projects are underway, covering the two STPs footprints of County Durham, linked to Community Hubs and Discharge to Assess (see paragraphs 37-44). Work is also planned by the group to consider the wider care market; joint areas of concern and opportunities to inform the workplan of the group.

25 Engagement events (Phase 5) in relation to the BHP were held in February 2017 with specific views being sought on maternity and children's services.

26 Consultation on a preferred option for the configuration of hospital services, as part of the BHP is planned from June 2017.

North STP

27 The Northumberland, Tyne and Wear and North Durham STP has been subject to an initial phase of engagement running between 23 November 2016 and 20 January 2017. This provided an opportunity for patients, public and stakeholders to review the draft plan and contribute to the development of future versions of the STP. Area Action Partnerships covered by the North STP area have made information available to the constituent members to inform them that the engagement was taking place.

28 Following the Health and Wellbeing Board meeting on 31 January 2017, further comments were provided to the STP lead to be considered in relation to the next version of the STP.

29 Formal consultation will take place on the STP, however, timescales are to be confirmed. There is less certainty in relation to specific timescales for a preferred option to consult the public on however, this is not expected to be before June 2017.

Integration of Health and Social Care Services in County Durham

30 Health and Wellbeing Boards are responsible for promoting integrated working between commissioners of health services, public health and social care services, for the purposes of advancing the health and wellbeing of the local population.

31 The Local Government Association Health and Wellbeing Board Peer Review Challenge in 2015 acknowledged the great deal of work already undertaken towards integrated working through joint working in County Durham. The Peer Team also considered that the strength of the partnership and the maturity of the Health and Wellbeing Board provides the ideal preconditions for Durham to be exploring how to push boundaries and look for more radical options in extending health and social care integration.

32 To progress the further development and implementation of integrated services across County Durham, a Director of Integration has been appointed, for a 2-year period. A key part of this role will be to implement a Community

Hub model as previously discussed with members of the Health and Well-Being Board.

33 Following feedback from some initial work, undertaken by the Director of Integration, the term Community Hubs is deemed misleading and it was agreed that the model should be referred to as Teams Around Practices.

34 Teams Around Practices will be developed across County Durham. Early adopters of the model are being encouraged to roll out of this work commencing from April 2017. The model will directly contribute to improving outcomes as set out below:

System Outcomes	**Person Centred Outcomes**
Effective use of Discharge to Assess approach	People who use services have positive experiences of care.
Less presentation at A&E	Maintaining or improving the quality of life for people.
Improved Primary Care access	People with disabilities or long-term conditions are supported to live at home for as long as possible.
Reduced admissions and readmissions to hospital	People are helped to look after and improve their own health and wellbeing.
Reduction in hospital bed days	People who use services are treated with dignity and are safe from harm.
Less people in residential and nursing care	Helping people to recover from episodes of ill health or injury.
Prevention through risk stratification	People who provide unpaid care are supported to look after their own health and wellbeing.

35 To help shape the model of care going forward, system leaders have agreed the following as the basis for delivery:

(a) A total of 13 Teams Around Practices, which will not take a 'one size fits all' approach and will be determined by the particular needs of the local population.
(b) Typically Teams will serve a population of 30,000 to 50,000, although in more rural areas fewer than 30,000 may be appropriate.
(c) Management of the Teams will be facilitated through existing resources, based on a Multi-Disciplinary Team (MDT) care planning approach.
(d) Teams may be either based in buildings or virtual networks.

(e) Initial focus will be on the frail elderly population, high impact users and individuals with long-term conditions with a view to widening the scope of service delivery to all cohorts of the local community.

(f) The workforce will continue to be employed as they are now, but aligned through an Accountable Care Network (ACN) which works on the principle of designing and implementing place based care, where commissioners and providers come together to address the needs of the population.

(g) Each partner organisation will commit to transparency in terms of the "virtual pooling" of budgets (in the same way it works for Better Care Fund) and will work together to manage the allocated budget.

(h) The Teams will contribute to overall system quality and performance metrics and will specifically have an impact on admission prevention and increased self-care.

(i) New ways of working will be explored through the model to ensure that services best meet the needs of the local population.

(j) There is also an intention to develop the principle of having a Single Point of Access (SPA) utilising existing facilities/services and further integrating across organisations.

36 In developing the model it is important that the integrity of Intermediate Care Plus (IC+), which is an integrated service delivery model to support quicker recovery and enable people back into their own homes, is maintained and its strengths are built upon. For example IC+ is essential to support the discharge to assess pathway.

37 It is intended that IC+ will be aligned to North Durham and Durham Dales, Easington and Sedgefield (DDES) CCG geographical areas and provide services into the Teams and primary care as it does currently. In addition, Single Point of Access will be enhanced to include district nursing and provide much more streamlined services to support the Teams. Social Care provision will be aligned to the Teams and support primary care.

38 Discharge to Assess was one of the first pathways to be developed and delivered which was implemented on 5 December 2016. This pathway aims to speed up the hospital discharge process through the use of "trusted assessors" identifying the needs of people in their usual place of residence once medically fit for discharge as opposed to assessment in hospital.

39 It is important to note that the two initiatives, Discharge to Assess and Teams Around Practices development will not be the only integrated service developments aligned with closer working between Adult Social Care and the NHS. Further opportunities to extend or develop integrated services may develop in the future.

The Better Care Fund

40 County Durham's allocation from the Better Care Fund (BCF) was £43.735m in 2015/16 which was subsequently invested in a range of projects and areas of service delivery established across seven key work programmes of the BCF below:

- **Short term intervention services:** including intermediate care Community services, reablement, falls and Occupational Therapy Services.
- **Equipment and adaptations for independence: i**ncluding telecare, disability adaptations and the Home Equipment Loans Service.
- **Supporting independent living: I**ncluding mental health prevention services such as counselling.
- **Supporting Carers:** including breaks for carers.
- **Social isolation:** including working with the voluntary and community sector.
- **Care home support:** including dementia services.
- **Transforming care:** maintaining the current level of eligibility criteria.

41 Formal approval of the County Durham BCF plan for 2016/17 was received from NHS England in July 2016. The Better Care Fund (BCF) 2016-17 Policy Framework signalled a need for stability. BCF planning in Durham was based upon maintaining stability and rolling forward all of the existing schemes and projects from 2015-16 following agreement from partners.

42 The total BCF allocation for 2016-17 in Durham increased to £44.579m. A new condition that a proportion of the BCF allocation is invested in NHS commissioned out of hospital services replaces the previous payment for performance element linked to delivering a reduction in non-elective admissions in 2015-16. The BCF for 2017/18 and 2018/19 will be a two-year plan and the BCF Policy and Planning Guidance is still awaited.

43 Positive performance for delayed transfers of care (delayed days) shows that the target set of 387.6 per 100,000 population aged 18 and over has been exceeded. Durham continues to have a significantly lower rate of delayed days per population than comparator groups.

44 Performance is on target at 86.0% for the year for the percentage of older people (aged 65 and over) who were still at home 91 days after discharge from hospital into Reablement/ Rehabilitation and this is expected to continue going forward.

45 As at 16 December 2016, there has also been a 16.2% increase in the number of people receiving a reablement service and a 24.9% increase of people who completed reablement requiring either a reduced service or no service at all within the last two years.

2016/17 Accident & Emergency (A&E) Improvement Plan

46 NHS England, NHS Improvement and Directors of Adult Social Services (ADASS) have outlined their plans for improving A&E waiting time performance and for the recovery of England's performance to 95% by the end of 2016/17: Plans include:

- A much greater focus on improvement.
- Refresh of local leadership arrangements to encourage whole system focus and accountability.
- New regional oversight arrangements.
- Improvement actions that are consistent with the wider strategy set on in the Urgent and Emergency Care Review.

47 From September 2016, System Resilience Groups (SRGs) have been transformed into local A&E Delivery Boards to initially focus on Urgent and Emergency Care.

48 The local authority is a member of the Board and is represented at executive level. Local A&E Delivery Boards will also work with STPs on the longer-term delivery of the regional Urgent and Emergency Care Review.

49 The joint Regional Team have identified those systems requiring the most support based on their current and historic performance. County Durham and Darlington NHS Foundation Trust are one of fifteen systems in this category. These systems will be the subject of the most intensive support and attention, provided by an expanded ECIP (Emergency Care Improvement Programme). Strongly performing systems will experience little intervention and will be encouraged to share their success and approach with other neighbouring communities.

50 The ECIP are working with the whole health and social care system in County Durham and Darlington on the Improvement Programme. An intensive system enquiry was carried out in November 2016 and following this, four key priority areas of Leadership, Assessment prior to admission, Doing today's work today and Discharge to assess were identified. Several improvement initiatives have been recommended by ECIP with this programme of work being overseen by the Local A&E Delivery Board (LADB).

North East and Cumbria Learning Disability Transformation Programme

51 Nationally the Learning Disabilities Transforming Care Programme aims to reshape services for people with learning disabilities and/or autism with a mental health problem or behaviour that challenges, to ensure that more services are provided in the community and closer to home rather than in hospital settings. The programme arose as a result of the Sir Stephen Bubb's review of the Winterbourne View concordat.

52 North East and Cumbria is one of five fast track sites selected because of high numbers of people with learning disabilities in in-patient settings. Fast track areas have access to a share of a £8.2 million transformation fund to

accelerate service redesign. An overarching North East & Cumbria (NE&C) plan was submitted with each of the 13 Local Authority areas presenting their own plans alongside it, which outline local initiatives that reduce the need for admission to hospital.

53 Representations have been made regarding the financial barriers to delivering the new Transforming Care Programme, particularly from the North East Region, led by Adult Social Care in County Durham. Limited capital funds have been made available and regional representatives are in discussion regarding the funding and affordability of individual care dowry payments. In addition, no additional revenue has been released to establish core provision in the community.

54 Across the North East and Cumbria there are a number different commissioning arrangements that are being reviewed with the aim of establishing further pooled budget arrangements, joint contracts and alternative commissioning models to support delivery of this transformation plan. An update on progress of the local plan for County Durham is to be presented to a future Health and Wellbeing Board meeting.

Commissioning

55 In Durham a considerable amount of partnership work, with adult safeguarding and the regulator the Care Quality Commission (CQC), led by commissioning, is already taking place to ensure an effective and best quality provision in the County. Performance and capacity, particularly of key services such as care home placements and domiciliary care, is being monitored and any exits as well as new entrants into the market are overseen with service users and families being supported through transition.

56 A new risk-based contract review mechanism is being introduced to ensure monitoring is actively aligned to identification of any early possible signs of provider difficulties.

57 Durham is also leading regional work to better co-ordinate social care strategic commissioning between local authorities in the North East (NE). This activity aims to drive how commissioners can share best practice and market information, develop single approaches to contracting to avoid duplication and unnecessary burden on providers and establish more consistent dialogue with the independent provider sector. The Corporate Director of Adult & Health Services chairs the NE Association of Directors of Adult Services (ADASS) group and is a member of the national ADASS commissioning network.

58 Despite continued affirmation of the integration policy direction, better joint commissioning between health and social care has encountered a number of national and structural challenges. Through the regional ADASS group, Durham is leading on revitalising the joint Care Home Collaborative Forum, to promote joint working across the sector.

59 In County Durham Adult Care services and County Durham CCGs have successfully collaborated on a number of areas, most recently procuring transport provision, and are exploring different options on how they could instigate single commissioning for particular services.

Conclusions

60 The integration of health and social care is moving at pace, in order to meet the demands of an increasing and ageing population with more complex health and social care needs and responding to the extremely challenging financial context of Local Government.

61 Services and systems will need to be designed around the individual and the outcomes, which are important to them, and developed with people who use or provide services. The emphasis should be on community based solutions and joining up delivery where it makes sense for the individual, which is efficient and cost effective. The Teams Around Practices model will allow the provision of more services in the community setting and at home, through better integration of provision.

Recommendations

62 Cabinet is recommended to:

(a) Note the contents of this report.
(b) Agree to receive further updates in relation to Integration of Health and Social Care Services on a six monthly basis.

Contact: Lee Alexander, Interim Head of Adult Care Tel: 03000 267354

Appendix 1: Implications

Finance – Existing and future financial challenges facing the NHS, local government and public health, increased demand for health and social care and rising costs of delivering services will make integration health and social care services increasingly difficult. The Better Health Programme framework of care will have to be implemented within current financial resources.

Staffing – A critical element of delivering an integrated model of care will depend upon a suitably trained and skilled workforce.

Risk – Failure to transform and integrate services will result in reputational damage for the Council and its partners. If transformation and system wide reconfiguration is not achieved this will result in services aimed at improving results for patients, life expectancy and quality of life not being delivered efficiently and effectively.

Equality and Diversity / Public Sector Equality Duty – Equality Impact Assessments are carried out as part of the Joint Strategic Needs Assessment and the Joint Health and Wellbeing Strategy.

Accommodation – No direct implications.

Crime and Disorder – No direct implications.

Human Rights – No direct implications.

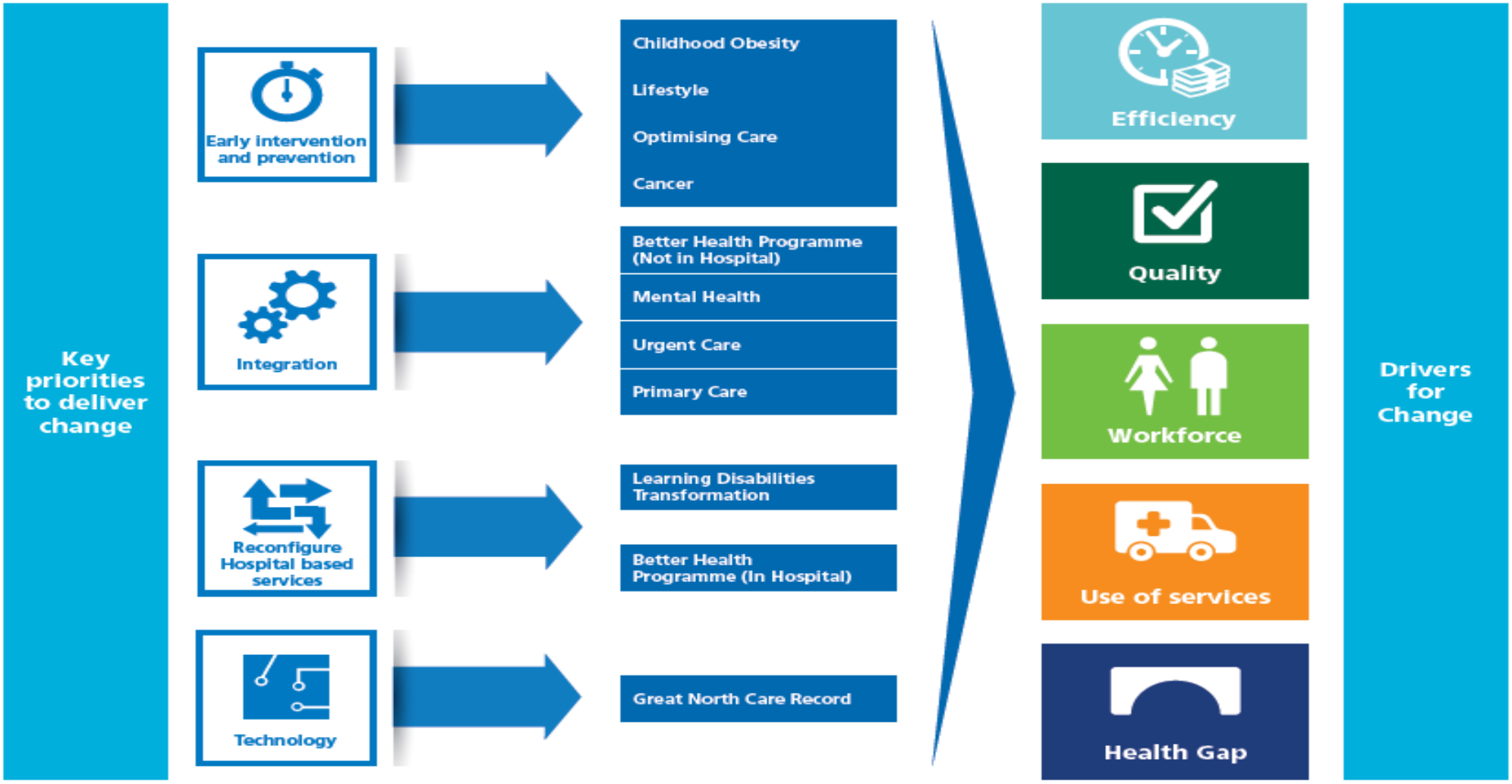
Consultation – Proposals for integration would be the subject of consultation with stakeholders.

Procurement – No direct implications.

Disability Issues – No implications at this stage.

Legal Implications – There are a number of key legislative and policy developments/initiatives that have led the way and contributed to Integration of Health and Social Care. All changes must be compliant with legal requirements.

Appendix 2: Sustainability and Transformation Plan – Key Priorities



Appendix 3: Commission for Health and Social Care Integration for the North East Combined Authority Area – Recommendations

The Commission for Health and Social Care Integration for the North East report: 'Health and wealth: closing the gap in the North East' in October 2016 recommendations for health and social care leaders across the NECA area to break the vicious circle of poor health and poverty:

1. NECA partners should set themselves an ambition to radically increase preventive spending across the health and social care system and wider determinants of health and wellbeing.
2. Public sector partners across the NECA area should integrate preventive action and action to tackle inequalities in all decisions.
3. Increased preventive spending should be assigned to a dedicated preventive investment fund managed on a cross-system basis. It should bring together contributions from all partners, who stand to benefit from expected savings.
4. NECA partners should develop a programme of primary care training to support staff to help people access the best support to enable them to get back to work as quickly as possible.
5. The Commission recommends addressing mental health on three levels:
    - Improving the leadership and skills of managers.
    - Employment support should be included as part of Improving Access to Psychological Therapies (IAPT) to support individuals, who require this service to avoid sickness absence or to enable them to return to work as quickly as possible.
    - NHS commissioners and providers should work with the NECA Employment, Skills and Inclusion work streams to develop an integrated employment and health service.
6. The Better Health at Work Award (BHAWA) scheme should be the preferred approach for employers to improve workplace wellbeing.
7. The refreshed Strategic Economic Plan and NECA's Employment and Skills Programme should continue to address the importance of in-work progression and job quality.
8. Leaders within organisations need to drive improvements in wellbeing outcomes across NECA, leading a cultural change to a health and care social system in which all health and social care spending is used most effectively to support wellbeing.
9. Governance should be established at NECA level to drive forward these recommendations, bringing together local authorities, Clinical Commissioning Groups (CCGs), NHS Foundation Trusts (FTs) and the voluntary sector to progress the health and wellbeing agenda.
10. The NECA area should align financial payment systems and incentives with the overall objectives of the health and social care system to improve health and wellbeing and reduce health inequalities.