

29 June 2015

Agenda Item: 4

REPORT OF THE CORPORATE DIRECTOR FOR ADULT SOCIAL CARE, HEALTH AND PUBLIC PROTECTION

HEALTH AND SOCIAL CARE INTEGRATION IN NOTTINGHAMSHIRE

Purpose of the Report

1. To provide the Committee with details of the key issues considered during a Members workshop on health and social care integration.
2. This report seeks approval for a set of guiding principles for health and social care integration. Once approved these will be used to inform recommended future planning and service delivery.
3. To propose the establishment of a Member reference group to provide recommendations to Committee on an approach to the future of the health and social care system in Nottinghamshire.

Information and Advice

4. Some information relating to this report is not for publication by virtue of paragraph 3 of Schedule 12A of the Local Government Act 1972. Having regard to all the circumstances, on balance the public interest in disclosing the information does not outweigh the reason for exemption because the information relates to the financial or business affairs of individuals or organisations (including the Council). This information would add a limited amount to public understanding of the issues but may prejudice the commissioning process, due to the timing. The exempt information is set out in the Exempt Appendix.

Members workshop

5. A workshop was held on 1st June 2015 with Members including Cllr Weisz, Cllr Bosnjak, Cllr Woodhead, Cllr Sissons, Cllr Bell, Cllr Fielding, Cllr Skelding, Cllr Wallace and Cllr Williams. The purpose of the workshop included consideration of the following:
 - national context on integration
 - the benefits and challenges of integration
 - update on progress in delivering an integrated health and social care system with the three emerging models in Mid Nottinghamshire, South Nottinghamshire and Bassetlaw
 - role of local authorities and the key components of a good health and social care model.

6. For further information an overview report presented to workshop attendees around the overarching concept of integration is attached as **Appendix 1**.
7. David Pearson, Corporate Director, Adult Social Care, Health and Public Protection, began the workshop by introducing the context around integration nationally (a copy of the presentation is attached as **Appendix 2**). Amongst the key drivers on integration are the recently published Association of Directors of Adult Social Services (ADASS) paper Distinctive, Valued, Personal: Why Social Care Matters: The Next Five Years; the NHS Five Year Forward View paper, the recent determination of the Greater Manchester Health and Social Care devolution and the 2015 Challenge Manifesto.
8. Better integration between health and social care is almost universally accepted as part of the vision for responsive, caring services and delivering better outcomes for service users. Integration is as much about integrating various parts of the health services as it is integrating health with social care. Potentially, it is part of the solution to the pressures on health and the social care system, although, the national and international evidence does not support the hope that integration will deliver the overall level of savings required. Moreover, any savings tend to be generated through changing the model of care, that is, more investment in community services and less in acute hospital settings.
9. Locally, it is recognised that there are already many initiatives being developed or underway that demonstrate integrated practice in our teams: PRISM teams (multi-disciplinary health and social care teams working with individuals with long-term conditions); two Vanguards; and in Rushcliffe the partnership is developing a multi-specialty care provider (MCP) in primary care whilst Mid-Nottinghamshire is developing a primary and acute care system (PACS).
10. Learning from successful models of integration suggests that they should incorporate:
 - an agreed unified vision based on the benefits of local people
 - clarified outcomes
 - aligned funding, structure and levers
 - agreed geography
 - co-production of changes with local people.

Main considerations and emerging themes from the workshop

11. The purpose of the workshop was to explore the emerging issues of health integration with Members, rather than making key decisions. Six key considerations were explored during the workshop and included:
 - maintaining our statutory duties and underpinning social care principles
 - performance
 - workforce
 - leadership
 - finance
 - governance

Maintaining our statutory duties and underpinning social care principles

12. When considering statutory duties the Local Authority has a wide duty to the citizens of Nottinghamshire in general and specific responsibilities to eligible service users including older adults, younger adults with learning disabilities, physical disabilities or mental health issues, carers and children and families in need. Duties to provide services extend to a range of settings including prisons.
13. Statutory duties include:
 - provision of information and advice to all citizens of Nottinghamshire and access to advocacy
 - provision of universal and preventative services and reaching out to people who would benefit from early intervention
 - assessments, care planning, commissioning of services and reviews for service users and carers
 - provision of Personal Budgets
 - keeping people safe including safeguarding, deprivation of liberty and approved mental health functions
 - occupational therapy services including access to equipment and adaptations
 - strategic commissioning
 - market development to enable a high quality, varied and sustainable market for the citizens of Nottinghamshire and manage provider failure
 - policy making functions
 - arrangements for charging for services
 - financial systems to deploy Direct Payments.
14. The Care Act is clear that local authorities can delegate a majority of their care and support functions, but not all. Exclusions include being the lead for adult safeguarding and the power to charge. However, it is still clear in the Act that local authorities retain ultimate responsibility for how their functions are carried out and delegation does not absolve the local authority of its legal responsibilities.
15. There would need to be an equal partnership in order to ensure the social care model is strongly represented in any integrated arrangement, including leadership at the highest level.
16. It was recognised that there needs to be a shared understanding of mutual statutory responsibilities to ensure they are fully considered when commissioning and delivering future services. In addition there is a need to ensure that health commissioners and providers understand the underlying principles of social care that guide the Council's approach to the commissioning and provision of services.
17. This is important because those principles inform the Council's view on what a good health and social care system should look like. The Council's aspiration is for a well-being system that will offer personalised care, with early intervention to help people keep independent for longer and promote their health and social care well-being.

Performance

18. The Council is responsible for the delivery of social care to the citizens of Nottinghamshire and needs to maintain the Council's high level of performance including personalisation. Therefore, the Council needs to ensure good quality and outcomes through formal agreements and monitoring processes.
19. A common understanding is required across partners to enable the implementation of a joint outcomes framework. Robust and accessible systems across partners are required to be in place to ensure transparency of performance and outcomes throughout contract delivery.
20. Discussions in the workshop showed that there were areas of significant expertise within the Council that could be of great benefit within any integrated model. It is important that current areas of high performance are maintained and built upon. These include personalisation and point of access for social care (Customer Care Services) which currently resolves 70% of queries at first contact. Members would want to remain confident of high performance and be assured that this would be the case within any new models. Any future decision to transfer or delegate social care functions would require the Council to work in collaboration to enable the continued high standard of delivery and to act in a supportive leadership function until such time as performance demonstrates competence.

Workforce and leadership

21. At the workshop there was a discussion about the range of options open to the Local Authority in respect of new workforce arrangements and joint arrangements with health, including transfers to a partner organisation or a formal secondment, amongst others.
22. There was an acknowledgement of the cultural difference between the health and social care organisations. The Council would need to ensure that the social care model of well-being, promotion of independence and proactive risk taking remained key to service contracts and delivery.
23. Lessons learnt from national and local examples show that in settings where the social care worker role is not the predominant profession, there is a risk that their professional identity could be overlooked. It was recognised that a leadership structure would require a good balanced representation of social care and health staff groups in order to provide confidence to the workforce of representing their professional identities and central to the role of social care.
24. In the workshop there was a real appetite for considering all the options around multi-disciplinary, integrated teams. Opportunities were identified around skill mixing and enabling 'hybrid' workers (workers with both health and social care skills such as a care worker) to work across health and social care as this was seen as being in the best interests of the client. This would include the principle of 'trusted assessment', where partner organisations could complete a social care assessment on the Council's behalf and commission services. The 'trusted assessor' role could allow both health and social care staff to have access to assessment and care management roles and limited joint access to commissioning of services. These new roles could provide innovative

opportunities to address recruitment problems with care staff, reduce use of agency staff and remove duplication.

25. Further work has been completed in Mid-Nottinghamshire in developing a proposal on integrated teams based on a shared outcomes framework. Details of this are contained in **Appendix 3**. Further work is also underway in modelling the trusted assessor role and establishing the business case.
26. Members would wish to maintain a strong and influential relationship with any future integrated provider. For example, Members would want to remain confident that frontline staff were using agreed processes and they would still be involved in appropriate levels of decision-making.
27. Members would also want to ensure continuation of the direct line management of assessment, care management and other core statutory functions such as safeguarding, Deprivation of Liberty Safeguards and Advanced Mental Health Practitioners.
28. A joint workforce strategy is required to be developed regardless of the model and extent of health and social care integration.

Finance

29. In the workshop it was recognised that further clarity was required about financial commitment and responsibility in an integrated model of care. The Council would need to ensure that there were clear lines of accountability and effective control mechanisms, monitoring systems and risk sharing agreements.
30. It is anticipated that the Council will be required to make further savings from the Adult Social Care and Health budget. The Council would need to ensure that any future budget arrangements would build in the proposed additional savings required.
31. It is recognised that the options on budget arrangements within an integrated model of care and the need to reflect current and future savings and efficiencies targets will require further work across the three planning areas. The Council would need to ensure clarity about which budgets are part of integrated arrangements and who has the right to use these budgets; clear risk analysis; clear arrangements for how any under/overspends would be dealt with and how increased demand would be managed. It is proposed that options could be presented to a future Members reference group.

Governance

32. It was recognised that there are multiple levels of governance presently across two councils including Nottinghamshire, seven Clinical Commissioning Groups (CCGs), three acute trusts, a mental health trust and two community providers. Members are not represented at all of these groups. Following discussion at the workshop it was recommended that a Members Reference Group be established in order for Members to have more ongoing influence and involvement in the implementation of integration programmes, as this work is progressing at great pace. The Committee's views on the terms of reference and membership of this group are welcomed.

33. Members may wish to review the terms of reference for the Health and Well-being Board and the Adult Social Care and Health Board to reflect changing responsibilities in relation to integrated services.

Guiding principles

34. At the workshop, it was agreed a set of guiding principles is required to inform the design, development and planning of an integrated health and social care system. These are listed below:

Areas	Principles
Outcomes	Achieves better outcomes for the citizens of Nottinghamshire through improving health and well-being
Co-production	Ensures services are planned and developed in a way that engages with the community (including service users, carers, the local community and the providers of services)
Rights	Service user and carers' rights are respected and enshrined
Policy making	Ensures that social care statutory duties are met
	Ensures the delivery of the Redefining Your Council (RYC) Transformation programme
	Ensures the requirements of the Care Act are met and fully implemented
	Ensures the underpinning Nottinghamshire Adult Social Care Strategy is delivered
	Ensures the ethos of social care is embedded in new arrangements
Performance	Maintains high performance areas and improves performance overall
Finance	Ensures that social care budgets continue to be effectively managed
	Future savings required from the ASCH budget are taken fully into account
Access to advice, information and advocacy	Enables a joint approach to a wide range of information and advice is offered in a proactive way and access to advocacy is provided
Workforce	Supports a shared and jointly developed workforce strategy which applies across health and social care professions
	Promotes the values, identity and skills of social care as a profession and these are maintained and developed through learning and research

Leadership	Ensures a balanced partnership with a strong contribution from social care, and social care leadership maintained at the highest level.
Demand management	Ensures that success with demand management from point of access to social care through to assessment and review is sustained and built on by embedding promoting independence
People are safe	Ensures effective safeguarding and deprivation of liberty arrangements are in place Ensures people can take risks to promote independence and well-being
Personalisation	Promotes choice and control to the service user and progresses integrated personal health and care budgets as one way of delivering this
Early intervention, prevention, promotion of independence and well-being	Ensures people have access to the right support at the right time to promote independence
Partnerships	Fosters integration/alignment with the wider Council and other partners, such as district councils, the community and voluntary sector and the independent care sector.
Strategic commissioning and market development	Ensures an effective approach to commission and deliver services jointly across the County for older adults, people with learning disabilities, physical and sensory disabilities and mental ill-health. Develops and maintains a diverse range of choice and quality of care and support services in the local market, which are viable and sustainable. Ensures that services commissioned are well monitored for quality and outcomes.
Continuity	Ensures the delivery of a large scale, complex social care service can be effectively managed alongside the health elements in the transition to any new model Countywide services such as the Customer Service Centre or the reviewing teams are maintained until there is sufficient evidence base that they can be incorporated into integrated delivery models

Context for the Exempt Information

35. The exempt information provides an update on the commissioning approach for delivery of the mid Nottinghamshire Better Together Programme, to enable Members to consider recommendations 4 to 6 in this report.
36. The Mid-Nottinghamshire Better Together Programme has now reached a critical milestone in its commissioning process. A set of seven local health providers* have been identified to co-ordinate the development of proposals for integrated provision. The third sector has established a special purpose vehicle for contracting purposes and GPs have formed a GP Provider Cabinet.

** These providers are Nottingham University Hospitals NHS Trust, Sherwood Forest Hospitals NHS Foundation Trust, East Midlands Ambulance Service, Central Nottinghamshire Clinical Services, United Lincolnshire Hospitals NHS Trust, Circle Nottingham and Nottinghamshire Healthcare NHS Foundation Trust.*

37. The social care areas that have been identified to date as key to delivery of the joint Better Together outcomes within the current vision and strategy are:
- Re-ablement and Intermediate Care services and budgets.
 - Older adults assessment and care management teams workforce
 - Older adults assessment and care management commissioning budgets, including Personal Budgets for people who are eligible and their carers
38. Detail of how these (and/or other) social care services could be included within the scope of the integrated commissioning programme has not yet been confirmed, as further work is required to gain assurance of how the key issues for social care will be addressed (as set out in section 34 of this report). It is proposed that many of these key issues and risks could be mitigated for the Local Authority by incorporating a transition phase into their commissioning process. This would entail the Local Authority retaining existing governance and management arrangements for staff and services, whilst working within the partnership to identify solutions and preferred contractual model(s) for integrated services, prior to any decisions to delegate or transfer social care services or commissioning functions.
39. This transition phase would provide time for:
- Shared learning and relationships to develop across partners
 - Development of leadership in social care within the proposed solution, with support from the Council
 - Joint development and testing of solutions to effectively address the range of issues set out in the main report
 - Co-production of solutions as to how systems and back office support functions that social care staff rely on would be put in place; and
 - Greater clarity about the scale, pace and models of integration that are being developed with the other four CCGs within the Nottinghamshire County Council's footprint, avoiding the need for fragmented decision-making regarding future models of social care

40. Further information is contained within the exempt appendix.

Other Options Considered

41. The Council could continue to deliver social care services outside of a jointly agreed integrated health and social care model.

Reason/s for Recommendation/s

42. The recommendations ensure that the Council provides system leadership on the statutory local authority duties and an approach to the future of a health and care system based on a set of social care principles.

Statutory and Policy Implications

43. This report has been compiled after consideration of implications in respect of crime and disorder, finance, human resources, human rights, the NHS Constitution (Public Health only), the public sector equality duty, safeguarding of children and vulnerable adults, service users, sustainability and the environment and ways of working and where such implications are material they are described below. Appropriate consultation has been undertaken and advice sought on these issues as required.

Financial Implications

44. It is anticipated that any integration with Health will be within the constraints of the Council's budgets, including the future savings already agreed. Any integration will follow the finance principles contained in the report, with the aim of delivering more efficient and effective services, and thus potentially may realise further savings.

Implications for Service Users

45. It is anticipated that an integrated health and social care model would provide better outcomes for the citizens of Nottinghamshire.

RECOMMENDATION/S

That:

- 1) the key issues considered during a Members workshop on health and social care integration are noted.
- 2) the guiding principles (as set out in paragraph 34) are agreed as a basis for making any future decisions about integration of social care and health.
- 3) a Members reference group (as mentioned in paragraph 32) is established to consider key issues on health and social care integration and make recommendations to the Committee.

- 4) the Committee approves the continued commitment of the Local Authority to the development of the Mid-Nottinghamshire Better Together Programme.
- 5) the Committee agrees that officers can take forward work with partners to develop the proposed commissioning approach in Mid-Nottinghamshire, as set out in the exempt information.
- 6) the Committee receives a further report on 7th September that will set out the further detail outlined in the exempt appendix.

David Pearson

Corporate Director, Adult Social Care, Health and Public Protection

For any enquiries about this report please contact:

Jane North

Programme Transformation Director

T: 01159773668

E: Jane.north@nottsc.gov.uk

Financial Comments (KAS 16/06/15)

46. The financial implications are contained within paragraph 44 of the report.

Constitutional comment: (SLB 16/06/2015)

47. Adult Social Care and Health Committee is the appropriate body to consider the content of this report.

Background Papers and Published Documents

Except for previously published documents, which will be available elsewhere, the documents listed here will be available for inspection in accordance with Section 100D of the Local Government Act 1972.

Discussion paper for the Members workshop on 1st June 2015

Electoral Division(s) and Member(s) Affected

All.