Nottinghamshire County Council

Report to Policy Committee

10th February 2016

Agenda Item : 7

REPORT OF THE CHAIR OF THE ADULT SOCIAL CARE AND HEALTH COMMITTEE

INTEGRATING SOCIAL CARE AND HEALTH IN NOTTINGHAMSHIRE

Purpose of the Report

1. The purpose of the report is to provide an update on the integration of social care and health across Nottinghamshire. The report:

   a) describes the national policy and legislative landscape for the integration of health and social care
   b) identifies the possible benefits and risks arising from integration for social care
   c) identifies progress in planning and implementation to date
   d) identifies some of the future implications for the County Council.

Information and Advice

National legislation and policy

2. More people are living longer and there are more people with disabilities who need care and support. Social care provides support, care and safeguards for those people in our communities who have the highest level of need, and for their carers. Good care and support transforms lives, helping people to live good lives, or the best they can, in a variety of circumstances. It enhances health and wellbeing, increasing independence, choice and control.

3. Closer integration between health and social care is a fundamental part of national policy to promote health and wellbeing, deliver better outcomes for service users and promote ease of access. It is as much about integrating parts of the health service, such as hospitals, community health providers and General Practice, as it is about integrating health with social care. National and international evidence does not yet offer any robust research to show that integration will deliver the level of savings required across the whole system. Nevertheless, there is a national and local move to integration, and the County Council is a key player.

4. Integration is not a new policy issue, however, recent drivers have set out clearer expectations in relation to scale and pace. Current key drivers on integration are: the Care Act 2014; the Better Care Fund; the NHS Five Year Forward View and the 2015 Challenge Manifesto. In March 2015, the national Association of Directors of Adult Social Care (ADASS) published 'Distinctive, Valued, Personal. Why Social Care Matters: The Next Five Years'. This outlined the necessary steps to ensure a safe, secure and joined up personalised care and health system for older and disabled people.

5. The 2015 determination of the Greater Manchester Health and Social Care devolution paved the way for announcements of the Government's commitment to devolving power across the country. The Policy Committee has been involved in detailed deliberation of the national policy and proposals in relation to devolution. As part of the reforms there is the potential for greater devolution of health responsibilities, particularly in the context of the integration of health and social care. That said, these developments are at early stages compared to the current joint working across Nottinghamshire.

Spending Review and Autumn Statement 2015

6. The Spending Review confirmed that the NHS will receive £10 billion more in real terms by 2020-21 compared to 2014-15. The focus is on ensuring that everyone will be able to access services in hospitals 7 days a week and GP services in the evenings and weekends, resulting in faster diagnosis, more effective treatment, greater choice of services and improved rates of hospital admission avoidance.

7. The Spending Review creates the local option of a social care precept (2% increase in Council Tax above the existing threshold), available for local authorities which are responsible for adult social care.[1]

8. The Government has reinforced it is committed to introducing the Dilnot reforms to social care, which extends support to a wider range of people in paying their care costs. It was the original intention to introduce these reforms, which are part of the Care Act, by April 2016. The cap on care costs and extension of means tested support will now be introduced and funded from April 2020. The deferred payments scheme already means that no one will be forced to sell their home in their lifetime to pay for care.

9. The previous (2013) Spending Review established the Better Care Fund (BCF). The BCF is intended to drive the integration of funding for health and social care, and enable services to be commissioned together. In 2015/16 the NHS and local authorities in England shared £5.3 billion in pooled budgets. The Spending Review states that '*The Government will continue the Better Care Fund, maintaining the NHS's mandated contribution in real terms over the Parliament. From 2017 the government will make funding available to local government, worth £1.5 billion in 2019-20, to be included in the Better Care Fund*'.[2] The majority of this funding is back-loaded and coupled with a reduction in government grants of 30% in 2016/17, creates significant additional pressures over the next two financial years.

10. The BCF has set the foundation, but Government has indicated its intentions to move further and faster to deliver joined up care. The Spending Review states that: '*by 2020 health and social care are integrated across the country. Every part of the country must have a plan for this in 2017, implemented by 2020. Areas will be able to graduate from the existing Better Care Fund programme management once they can demonstrate that they have moved beyond its requirements, meeting the government's key criteria for devolution'*.[3] This links emerging plans for integration with devolution.

[1] HM Treasury, Spending Review and Autumn Statement 2015, Paragraphs 1.107 and 1.108
[2] HM Treasury, Spending Review and Autumn Statement 2015, Paragraph 1.110
[3] HM Treasury, Spending Review and Autumn Statement 2015, Paragraph 1.112

11. Following the Spending Review '*Delivering the Forward View: NHS planning guidance 2016/17 – 2020/21'* was published. The planning guidance requires that health and care systems come together to create their own ambitious plans for implementing the Forward View in the form of Sustainability and Transformation Plans (STP). STPs will be overarching strategic plans covering the period between October 2016 and March 2021. These plans will be submitted nationally in June 2016 and will be formally assessed in July 2016. They must include better integration with local authority services, (including but not limited to prevention and social care) and reflect health and wellbeing strategies. The STP will need to create a clear overall vision with an associated place based plan for the area. Clinical Commissioning Groups (CCGs) have also been asked to consider their "geographies" for sustainability and transformation and make proposals to NHS England by 29 January 2016. This should be determined by taking into account existing natural communities, existing working relationships, scale of transformation ambition and requirement, public health programmes, the fit with other footprints, for example plans to become paper free through use of new technology, other units of planning and collaborative commissioning arrangements.

12. As part of the Transforming Care Programme, plans are being submitted to the Department of Health and NHS England (NHSE) to improve services for people with learning disabilities. This follows the publication in December 2012 of the Department of Health's report *Transforming care: A national response to Winterbourne View Hospital*, which outlined a programme of action to transform learning disability services. Subsequent reports, including *Transforming Care for People with Learning Disabilities – Next Steps,* published in January 2015, have acknowledged the joint work undertaken to date across the NHS and local authorities to improve services. However, these reports outline the need for further transformation of services for people with learning disabilities and/or autism, including people with mental health needs and people who display challenging behaviour. The objective is for local authorities and NHS commissioners to further develop and strengthen community based services, and to reduce reliance on long stay in-patient beds and close a proportion of the in-patient facilities. The Nottinghamshire health and social care communities, including Nottingham City, have been identified as one of five fast track areas required to develop their plans to transform local learning disability services.

13. At the end of October 2015, NHSE, together with the Local Government Association (LGA) and ADASS, published '*Building the Right Support',* a national plan and service model for people with learning disabilities and/or autism spectrum disorders. All health and social care communities across the country are required to transform their learning disability services in line with the new service model. The Nottinghamshire Transforming Care Partnership (TCP) consists of the County Council, the six county CCGs, the City Council, the City CCG and NHSE Specialised Commissioning. The TCP has had its plan approved by NHSE and has commenced implementation of the plan, with a view to pooling the health and social care budgets.

14. The Government does not intend to impose a national model of integration and accepts that integration will vary according to local need and history. Some parts of the country are already demonstrating different approaches, which reflect models that the Government supports. These include:

- Devolution deals (such as Greater Manchester)

- Joining up health and social care across a large urban area
- Accountable Care Organisations (such as Northumberland) with a single partnership responsible for meeting all health and social care needs
- Lead Commissioners, such as the NHS in North East Lincolnshire which is spending all health and social care funding under a single plan.

15. Nationally, the transformational work in Nottinghamshire has been recognised. Nottinghamshire was the only two tier Council to be a fast track site for the Better Care Fund, the South and mid-Notts areas are Integration Pioneers and three Vanguard sites are running across the County. The Vanguard sites are leading on the development of the new integrated models of care, set out in the NHS Five Year Forward View and were selected following a rigorous process. In Rushcliffe, a local partnership is developing a multi-speciality care provider (MCP) in primary care. Mid-Nottinghamshire is developing a primary and acute care system (PACS) and Nottingham City is implementing 'enhanced health in care homes. This aims to provide better, joined-up health, care and rehabilitation services for older people in residential and nursing care. This range of initiatives provides many local opportunities to share learning and link into the national networks and support.

Integration – models, benefits and risks

16. A Members workshop was held on 1 June 2015 at which key considerations regarding integration were identified. These included:

- Balancing strategic consistency and economies of scale with local need
- Maintaining the Council's statutory duties and underpinning social care principles
- Performance
- Workforce
- Leadership
- Finance
- Governance.

17. Based on this work, a set of guiding principles for integration has been agreed (attached as **Appendix 1**). The establishment of a Members Reference Group to drive local integration were approved by the Adult Social Care and Health Committee on 29 June 2015, underpinned by these principles.

Models of integration

18. Integration can take many forms and be applied to both the direct frontline provision of services, strategic commissioning and contractual arrangements. It is important to fully appraise all the options, in order to identify the most proportionate and least resource intensive way of achieving the desired benefits of integration. At its simplest, integration can be about aligning and/or co-locating services to better deliver jointly agreed objectives. It can also involve significant movement of staff and other organisational changes. It can also include the delegation of functions from one organisation to another, pooling of budgets and/or the establishment of a separate vehicle to deliver these functions. Under any circumstances responsibility for social care duties as set out in the Care Act and other legislation remains with the local authority.

19. NHS models of integration have their main focus on joining up the work across health providers, for example, acute hospitals, community health providers and General Practice. This is because many of health's key objectives, such as shifting treatment from within acute hospitals into the community and avoiding hospital admissions, require commitment and action from more than one health provider (and often social care as well). Part of the work of the Vanguard sites is to explore new types of contracts and payment mechanisms. The aim is to move away from the current system, which pays providers based on the number of treatments they provide, to payment based on the outcomes, for example, reducing the local rate of hospital re-admissions. National NHS models strongly promote a focus on new financial payment mechanisms and contracts as important pre-requisites to transformation and integration. As yet the models do not sufficiently address or evaluate how they will benefit social care, or enable and improve the delivery of social care's different system, which is based on highly personalised care and support to individuals.

20. The current landscape for strategic commissioning and service delivery across the County adds complexities to partnership working and the resources required to do this. There are multiple levels of governance presently across Nottinghamshire, with the County and City Councils, seven Clinical Commissioning Groups (CCGs), three acute trusts, a mental health trust, two community providers and seven District Councils. Recently, three transformation Planning Areas have emerged to drive the local plans; South Notts; 'Better Together'; mid-Notts and Bassetlaw.

21. Nottinghamshire's Clinical Commissioning Groups are considering different integrated models at a different pace. The Council's guiding principles have been key to ensuring a consistent message across the three areas. They are helping to ensure that the Council can sustain the quality of its delivery of social care, retain economies of scale (whilst responding flexibly to local need) and avoid fragmentation of services. Some countywide services already deliver excellent outcomes, such as the Customer Service Centre and Adult Access Team, (which resolve 70% of all incoming contacts to the Department). The Council's current position is not to change such arrangements unless it is assured that any new model is cost effective and able to deliver improved outcomes. Equally, it may be that it will be better and more sustainable to continue to deliver some specialised services on a countywide basis, for example, the Deprivation of Liberty Safeguards (DoLS) Service.

22. Although the three Planning Areas are geographically different and the needs of residents may vary, the suggested models for service delivery do have common themes. These common themes are to establish:

- proactive GP led care of the over 75's and patients at risk of admission
- local multi-disciplinary teams (social workers, GPs, nurses, therapists, voluntary sector)
- systematic profiling of the local population and targeting of services at people most at risk
- new models for community services
- prevention, early intervention, information and advice services that can evidence they support people to maintain their independence; and voluntary sector support to encourage people to become more self-reliant by developing skills to manage their own health and care.

23. Structural re-organisation and formal financial arrangements, such as pooled budgets, can be important enablers. These require resources to implement and should only be

progressed once it has been determined that the desired outcomes cannot be delivered in a simpler way. An incremental approach is being taken locally by social care, working with health partners to scrutinise national new models on their ability to meet both social care and health needs and those of the Council. Where necessary, models are being tailored and adjusted to avoid rushing into a one-size fits all approach. The work is further guided by learning from successful models of integration, which suggests that they should incorporate:

- an agreed unified vision, based on the benefits of local people
- jointly agreed outcomes
- robust governance arrangements
- aligned funding, structure and levers
- agreed geography
- cultural change
- co-production of changes with local people.

Governance

24. The Council's governance arrangements are set out in the constitution. These are discharged through Elected Members and officers, within a scheme of delegation. Social care functions and responsibilities of the Council can be contracted to a different organisation but the decision-making and accountability for its social care duties (as set out in the Care Act 2014 and other key legislation) remains with the Council.

25. In considering any options for integrated models, Members must be assured that there is a robust and transparent process of governance in place which provides the Council with oversight of activity, quality, scrutiny of outcomes, workforce issues and financial assurance.

Strong leadership of social care

26. Previous experience of seconding staff under health management has sometimes resulted in a loss of focus on core social care priorities and dilution of professional support for staff. For these reasons, staff in the Council's mental health teams, previously seconded into integrated teams were then returned to the Council's direct line management. Structural change and re-organisation can be enablers to achieve improved outcomes, but in themselves are often not solutions. Any such integration of this nature should only be made under the conditions that:

a) social care's distinctive role is visible and valued
b) there is the ability to retain professional accountability for staff including statutory roles
c) existing transformation programmes and new approaches in social care can be driven at pace
d) there are strategies in place to manage demand and promote independence across organisational boundaries.

Financial Considerations

27. The total spend across the County of Nottinghamshire is made up of an approximate £1.339 billion base budget of the Clinical Commissioning Groups for health services and

£206 million base budget for Nottinghamshire County Council for adult social care. A pre-requisite to integration is an agreed financial allocation model across the Planning Areas.

28. This model must support the effective management of social care budgets within a system where the majority of spend is managed through individually commissioned packages of care (personal budgets). Pooled budgets between commissioners could be a key enabler to deliver change in a financially transparent way, provided that:

- social care spend is effectively tracked and monitored
- a proportionate amount of the Council's current and future savings are delivered
- funding flows mirror the shift of services from acute to community bases
- arrangements for capitated budgets paid based on outcomes fit alongside a system of individually commissioned personal budgets and maintain the volume and diversity of social care providers within the market
- work is undertaken to identify which of the Council's statutory provisions underpin any pooling arrangements
- the Council retains its ability to charge for its service and maintain income levels
- Accountable Body arrangements do not negatively affect the Council's VAT arrangements
- if a separate pooled budget is required then the relationship with the BCF and the Health and Wellbeing Board needs clarifying.

29. It is important that as transformation plans move forward, a baseline of the local social care budgets and activity is established. Partnerships will need to ensure that funding can follow any increased demand on social care which results from treating more people with more complex needs in the community. Equally, the financial model must be flexible enough to share the benefits of savings made in one part of the system (hospitals) across all of the system, so as to avoid cost-shunting.

Progress highlights to date in the 3 transformation Planning Areas

30. Since the establishment of the six Clinical Commissioning Groups, the Council has had greater influence over the development of local health services through representatives of the local District teams on their respective Urgent Care Working Groups and local integrated care teams. Local System Resilience Groups (SRGs) have similarly enhanced the ability to respond quickly with health partners to rapidly developing issues such as winter pressures and hospital black alerts. In addition providers such as homecare increasingly work within a geographical district and are being engaged in their local urgent care systems.

Mid-Nottinghamshire 'Better Together' partnership:

a) The Better Together partnership has a jointly agreed five year vision, associated plan (due for refresh in 2016), a jointly agreed outcomes framework and a governance structure. Key elements of the strategy include:

- Local Integrated Care Teams (LICTS) These 8 teams each have a social worker employed within the team. They commenced in December 2015

- Self-Care Hub based at Ashfield Health and Wellbeing Village commenced in July 2015
- Transfer to Assess schemes to support hospital discharge
- Call for Care (a service focussed on avoidable hospital admissions). This commenced at a restricted level in November 2015. The aim is to include social care pathways from April 2016
- Specialist Intermediate Care Teams and Crisis Response (SICT) (not yet implemented).

b) The Council has longstanding coterminous services with the District Councils, and shared arrangements for services such as supported living/extra care. One example of innovative and integrated working focussed on accelerated discharges from hospital is a pilot project with Mansfield District Council. A named Housing Officer works alongside health and social care staff at King's Mill Hospital as part of the discharge service and is able to offer solutions to issues such as inappropriate housing, and homelessness.

c) On 2 November 2015, the Adult Social Care and Health Committee gave approval for the Council to be a signatory to a Memorandum of Understanding (MoU). The MoU commits partners to develop an Alliance Agreement contract that will support delivery of the Better Together programme objectives. The aim is to have an approved Alliance Transition Agreement for April 2016. A Memorandum of Understanding has been agreed which sets out how partners will work together to complete this. This will run in shadow form for one year, whilst further work is progressed during 2016/17 to develop the more detailed aspects of the Alliance. The key issues being explored currently include:

   - Governance arrangements
   - Membership of the Alliance, including social care representation, District Council involvement and levels of membership with associated responsibilities
   - Principles that will shape the risk and reward mechanism
   - The nature of the outcome-based contracts to be awarded to NHS providers in 2016/17.

Bassetlaw Integrated Care Board:

a) Partners in Bassetlaw have established an Integrated Care Board. A new model of integration has recently been proposed, which is to develop an Accountable Care Partnership across the District. In addition, a consortium of GP practices in Bassetlaw has applied to become a "Primary Care Home" model of integrated care.

b) Two social workers have been funded by the CCG to work within the Integrated Neighbourhood Teams (INT) until 31 March 2016 and the district social work assessment teams have been aligned to the boundaries of these INT's. This will support closer working between social care and health, for the benefit of people with the most complex health and care needs.

c) Intermediate Care beds at James Hince Court are working well for people who can be discharged from hospital but who still need up to 3 weeks of additional therapy and rehabilitation.

d) Social work cover at Bassetlaw Hospital is provided at the front end (Emergency Department).

e) A further priority for 2016 is the development of a Falls Strategy for Bassetlaw.

f) A Social Care, Health and Housing sub-group was set up in June 2015. This has proved useful for developing relationships and enabling relevant strategic discussions, particularly in relation to Mental Health service developments.

South Nottinghamshire:

a) The Greater Nottingham Health and Care Partners (GNHCP) is made up of partners across South Nottinghamshire and the City of Nottingham. Partners are developing their vision for health and social care services through work-streams focussed on new ways of commissioning, urgent care, planned care and integration. The overarching integration programme focuses upon integrated care teams (Care Delivery Groups), alignment of reablement and Intermediate Care, points of access and transfer to assess schemes.

b) A data analysis exercise between all partners is underway to show the financial risks and benefits in a population based health and care system and to consider the efficacy of the accountable care philosophy.

c) Rushcliffe CCG is developing a Multispecialty Community Provider Vanguard. This includes front-end identification and citizen initiatives, and improved social care interfaces with the emerging Integrated Practice Units.

d) Social care is also involved as a key partner in working groups to implement the Urgent Care Vanguard pathways around Mental Health, GP front door and the clinical navigation. This work is focussed on enabling social care pathways within these work streams.

Other Options Considered

31. The work to develop integrated models includes exploration of a range of options. The Members Integration Reference Group is evaluating these options, in order to enable a consistent approach across the County, shape the direction of work and appraise different models against the agreed principles.

Reason/s for Recommendation/s

32. This report is an update on progress and requires no decisions. As minimum national requirements and local proposals develop, further reports will be made to Policy Committee and Full Council regarding implications for the Council regarding policy and resources.

Statutory and Policy Implications

33. 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

services), the public sector equality duty, safeguarding of children and adults at risk, 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

34. There are no direct financial implications arising from this report. Any financial implications arising from any integration of services will be set out in detail in future reports to the appropriate committee.

Implications for Service Users

35. The three transformation programmes have common objectives for service users. People will receive the right care at the right time in a place closer to home, wherever possible. The new model will mean that people will only need to go into hospital when they require specialist help and will be able to remain living in their familiar surroundings at home with the support they need to do so.

36. Service users will have a named person responsible for co-ordinating their care and all of the people involved in that care will have the information they need about the person, and will work closely with each other to ensure that the care being delivered is seamless.

37. People will have more information about their own condition and support to help both themselves and their carers to become more involved in decisions about how their care is planned and delivered.

Ways of Working Implications

38. Social care staff are developing a number of new ways of working in order to be able to manage the increasing number of referrals. This includes use of mobile tablet devices, telephone assessments and asking people who are able to, to come to clinics for social care and Occupational Therapy assessments. Clinics are being co-located alongside community health provision such as Ashfield Health and Wellbeing Centre.

39. One of the benefits of co-locating social care staff in local integrated care teams is that health staff have greater understanding of the role of social care. This includes advice on what constitutes an appropriate referral, what advice and guidance exists as an alternative to referral and a menu of options for eligible service users. Options for increased co-location of staff are being considered during the development of the corporate Smarter Ways of Working Plans.

RECOMMENDATION/S

1) To note progress to-date with developing integrated models for health and social care in Nottinghamshire

Councillor Muriel Weisz
Chair of the Adult Social Care and Health Committee

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Constitutional Comments

40. As this report is for noting only, no Constitutional Comments are required.

Financial Comments (KAS 19/01/2016)

41. The financial implications are contained within paragraph 34 of the 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.

- The Care Act 2014
- The Better Care Fund http://www.nottinghamshire.gov.uk/care/health-and-wellbeing/health-and-wellbeing-board/better-care-fund
- The NHS Five Year Forward View - NHS England October 2014
- The 2015 Challenge Manifesto - NHS Confederation 2014
- Distinctive, Valued, Personal. Why Social Care Matters: The Next Five Years - by the national Association of Directors of Adult Social Care (ADASS), March 2015
- Health and Social Care Integration in Nottinghamshire - report to the Adult Social Care and Health Committee, 29th June 2015
- Developing the Mid-Nottinghamshire Better Together Programme – Commissioner Provider Alliance Agreement - report to the Adult Social Care and Health Committee , 2nd November 2015

Electoral Division(s) and Member(s) Affected

All.

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