

<b>Subject:</b>	<b>Health and Social Care Integration</b>		
<b>Date of Meeting:</b>	<b>13<sup>th</sup> July 2017</b> (CCG Governing Body 18 <sup>th</sup> July 2017)		
<b>Report of:</b>	<b>Executive Director Health &amp; Adult Social Care</b>		
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<b>Ward(s) affected:</b>	<b>All</b>		

**FOR GENERAL RELEASE**

**Glossary of Terms**

BHCC – Brighton and Hove City Council  
CCG – Clinical Commissioning Group  
CQC – Care Quality Commission  
DoH – Department of Health  
DToC - Delayed Transfers of Care  
GP – General Practitioner  
HWB – Health and Wellbeing Board  
NHS – National Health Service  
STP – Sustainability and Transformation Partnership

**1. PURPOSE OF REPORT AND POLICY CONTEXT**

- 1.1 At the PR&G Committee (8.12.16) the Committee agreed to council officers taking forward health and social care integration with CCG colleagues. Seven months on, this report proposes that BHCC and the city's CCG formally take joint responsibility for commissioning local primary, community health and social care services. The recommendation seeks support for developing a single commissioning structure and a new relationship with providers to deliver improved health and wellbeing outcomes for our residents in Brighton and Hove.
- 1.2 Although this report focusses on the proposed shared arrangements between the council and the CCG it needs to be noted that NHS England has a key role to play in the direction of travel and also the decision making concerning the primary and community health services that can be included in the shared arrangements. Part of the further work, if the direction of travel is agreed, is to continue our conversations with and secure effective engagement with NHS England.
- 1.3 The CCGs across Sussex are considering the steps that need to be taken on the path to strategic commissioning.

## 2. RECOMMENDATIONS

2.1 That Policy, Resources & Growth Committee note the report and;

- Agree the principle of further integration between the CCG and Council and the local direction of travel towards a new model of city-wide health and social care.
- Authorise officers to work with CCG colleagues and other NHS Providers in order to bring detailed proposals to the Policy Resources and Growth Committee in October 2017.
- Note the direction of national policy.

## 3. CONTEXT/ BACKGROUND INFORMATION

3.1 Central Government and NHS England require the integration of health and social care arrangements by April 2020<sup>1</sup>

3.2 Demographic and health economy changes leading to increasing demand and expectation, in particular in relation to:

- Ageing Population.
- Advances in public health wellbeing and medical science
- Increased prevalence of specific health issues such as dementia
- Recognition of historic underfunding of mental health services

3.3 In 2016 NHS England determined that there should be regional Sustainability and Transformation Plans (STP) with NHS and upper tier local authorities coming together to draw up longer term plans for the delivery of health and social care services. The establishment of regional STP arrangements did not include clear engagement and consultation processes and this has received criticism in some quarters.

3.4 Earlier this year STPs were developed further into Sustainability and Transformation Partnerships. We are part of a partnership that includes East & West Sussex, Brighton & Hove and part of East Surrey (See Appendix 2) called the Sussex and East Surrey STP.

3.5 The Sussex and East Surrey STP is made up of 23 NHS commissioning and provider organisations and upper tier local authorities in the region including Brighton & Hove City Council and Brighton & Hove CCG.

3.6 The direction of travel set out in this report can be also found in other parts of the country including: Plymouth, Essex, Kent and Hackney. While a 'one size fits all' approach is unlikely; the developments taking place in other parts of the country and emerging best practice will be examined in order to inform our local development.

### **Local Context**

3.7 In common with other local areas Brighton & Hove is facing increasing demands for health and social care services but is constrained in its funding

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<sup>1</sup> Department of Health and Department of Communities and Local Government, 'Better Care Fund, Policy Framework 2016/17', January 2016 / DoH Policy Framework, 2017-19 Integration and the Better Care Fund

capacity to meet the scale of these demands in the way services are currently configured and accessed by local residents.

- 3.8 The City Council and the CCG have a good history of partnership working which includes the co-location of the CCG with council officers at Hove Town Hall. The positive track record to date of working together includes:
- Living Well Service working with residents across the city to support their independence and wellbeing thereby reducing hospital admissions.
  - Discharge to assess model supporting timely hospital discharge and improving DToC (delayed transfers of care) performance. This is the key indicator that measures the time taken to discharge a patient from hospital once they are medically ready to leave. This has been a particular success with the recent leadership changes within the CCG and City Council
  - Joint commissioning of special educational needs and disability services for children and young people which was praised by the CQC and Ofsted in a joint inspection in 2016.
- 3.9 Officers across both the City Council and the CCG currently manage separate but interlocking budgets which frequently deliver services to the same clients and patients. Improved performance data and planning should ensure that more holistic person centred support can be delivered which does not involve clients and professionals needing to manoeuvre across different organisations, systems and budget streams. In addition integrated quality assurance arrangements can be put in place.
- 3.10 Council and CCG integration provides an opportunity to support a stronger ownership of Brighton and Hove Caring Together, including the development of integrated working within GP clusters. There are further opportunities to work more effectively with our community and voluntary sector partners.
- 3.11 There is recognition that there is more to be done locally to integrate our commissioning arrangements and areas that have been identified where improved commissioning should lead to improved outcomes are: mental health, disability and primary care.
- 3.12 In parallel with the report coming to PR&G, this report will also be considered by the CCG Governing Body within similar timescales to the City Council.

### **Why Integrate?**

- 3.13 National government policy requires integration of health and social care planning and delivery by April 2020 at the local level with the expectation that more joined up working and a better shared understanding of the challenges we face will enable improved health and care outcomes. The key challenges include how we can most effectively deliver required services in a financially sustainable way taking account of factors including an ageing population, advances in medical science and ever increasing public expectation of quality and accessibility.
- 3.14 It is anticipated that a new county wide Strategic Health Commissioning Unit will be established to commission activity at scale across Sussex. This activity, still subject to confirmation, will include the commissioning of services in acute hospitals and top tier Mental Health services. Together with the proposal in this paper, new relationships will need to be defined with key stakeholders

locally across the 23 public body organisations identified working within the STP, specifically this will focus upon the hospitals, mental health and primary and community care.

- 3.15 Recent NHS briefings indicate a desire to establish new 'shadow' regional CCG arrangements by April 2018 that would become fully operational by April 2019. This would result in the local CCG transferring its responsibility for commissioning acute and mental health services to the new regional structure, and locally working more closely with BHCC for primary and community care.
- 3.16 In Brighton and Hove, getting health and social care finances on to a sustainable footing will continue to be an ongoing challenge and there is currently no indication that there will be any further significant increases in national funding for our health and social care system. To meet the city's 21<sup>st</sup> century health and social care needs we will need to work more closely together to improve health outcomes for local residents, expand the use of new technologies and processes to be more effective and efficient in how our communities access services; and, ensure we are targeting our resources where they are most needed. In these ways, all who work across our health and social care services can be supported to help city residents to a better start in life, to live well, age well and eventually end life with dignity and in comfort.
- 3.17 Under the proposed new arrangements of an integrated Health and Social Care system there would be;
- A single commissioning structure that delivers improved health and wellbeing outcomes for Brighton & Hove taking into account the full range of all council services such as our parks and sports.
  - BHCC & CCG take joint responsibility for commissioning local primary and community health & social care services
  - The development of a new relationship between commissioners and providers
  - Joint quality assurance arrangements
  - Increased local democratic oversight and accountability
- 3.18 Thus the Council and the CCG combined will be better able to promote Brighton & Hove as a 'Wellbeing City' that supports its residents in:
- Starting well
  - Living well
  - Ageing well
  - Dying well
- and strives to ensure that residents receive the right care and support at the right time in the right place.

### **Next Steps**

- 3.19 Key dates

- July 2017 – Report to go to CCG governing body. This will help to ensure that there is a shared understand and commitment to health and care integration.
- August 2017 – Initial details of the options for the November report are produced
- September 2017 – Testing of the options included in the November report.
- October 2017 – Report to go to PR&G and the Health and Wellbeing Board
- November 2017 – Report to go to full Council and CCG governing Body.

3.20 The report to PR&G in October 2017 will explore and make recommendation on the preferred governance options to support further integration. It will also address the service delivery, finance, human resources, contractual and commissioning issues as detailed under the project governance structure detailed in Appendix 1.

3.21 Subject to the outcomes of a report to be submitted to Council in November 2017, it is proposed to enter a shadow year of operation starting in April 2018 with the new integrated service commencing on 1<sup>st</sup> April 2019.

#### **4. ANALYSIS AND CONSIDERATION OF ANY ALTERNATIVE OPTIONS**

4.1 The boundaries of the city council and CCG are coterminous and underpin our place based commissioning approach. Developing an approach which ignores or cuts across local democratic representation and institutions is less likely to secure the buy-in of local communities or the helpful scrutiny afforded by elected representatives.

4.2 It is proposed that the best model for Brighton and Hove would be the integration of health and social care on a city wide basis in order to deliver the benefits outlined in paragraph 3.17 above.

4.3 It is however acknowledged that there are risks with developing closer arrangements across health and social care as the financial demand on both are high. The opportunity that greater integration brings is that both the Council and the CCG can develop a single plan for meeting these demands.

4.4 A number of potential governance arrangements are possible. These will be explored in more detail over the summer period and a preferred model of governance will be proposed for October 2017. Assuming that there is agreement both now and in the autumn it is hoped that shadow arrangements can be put in place by April 2018 with full integration by April 2019.

4.5 New integrated arrangements must lead to improvements. Key performance outcomes will be identified which will inform the development proposed in this report. This must however include improved patient/client outcomes, efficiencies across the Council and CCG which leads to increased investment in front line services, an improved understanding of demand pressures, improved performance and quality assurance arrangements leading to evidence of a safer service offer for city residents.

#### **5. COMMUNITY ENGAGEMENT & CONSULTATION**

- 5.1 A communications and engagement strategy to support the Caring Together agenda will be presented to the HWB on 11<sup>th</sup> July. This strategy will be used and amended accordingly to support this programme of work.
- 5.2 It includes an engagement campaign called the “Big Health and Care Conversation” that will be ongoing throughout the city for at least the next six months. This will involve a significant amount of public engagement activity across the city to find out what matters most to local residents in health and social care. The campaign represents a recognisable brand for engagement that is clearly identifiable with the public and will provide more opportunities to listen to residents and stakeholders and act on their feedback. It builds on previous feedback from our patients, carers and the public, and will ensure that people’s views and experiences are heard, acted on and help shape the way health and care is planned and delivered in the future. A launch event for the campaign is being held on 4<sup>th</sup> July where the Caring Together programme will be discussed in more detail.

## **6. FINANCIAL & OTHER IMPLICATIONS**

### Financial Implications:

- 6.1 Clearly it has been accepted that one of the key drivers for integration is the need to use finite resources more effectively.
- 6.2 To this end, the council and CCG agreed to set up the Finance & Performance Board, co-chaired by the respective Finance Directors, in order to:
- Commission jointly the management information required to understand the demand and costs for adult social healthcare in Brighton & Hove.
  - Identify key risks, issues, and mitigations and recommend system changes as appropriate.
  - Schedule and monitor required improvements to ensure service leaders can be held to account for delivery.
  - Share information with service leaders and into wider governance structures as appropriate.
  - Oversee ‘shadow’ financial accounts covering health sector and local government income and expenditure on adult social healthcare (including pooled funds such as Section 75 and Better Care Fund) in Brighton & Hove.
  - Understand best practice from elsewhere.
  - Ensure that links and interdependencies with the STP, Caring Together, and other programmes are appropriately reflected in plans and proposals.
  - Formally report findings and progress to the Adult Social Healthcare Chairs & Chief Executives Group.
  - Identify and answer key questions, including:
    - Who the highest cost residents are, and how we can reduce costs.
    - Support delivery of savings plans for 2017/18 for both the council and health bodies.
    - Identify opportunities for further savings in the future.

- How best to join up commissioning across services organisations with efficiency as the key driver.
- 6.3 While joint work is under way and draft 'shadow accounts' covering the resources of both organisations have been produced, this work stream requires further focus, for the objectives set out above to be met.

*Finance Officer Consulted: David Kuenssberg*

*Date: 21<sup>st</sup> June 2017*

Legal Implications:

- 6.4 The proposed partnership will be developed using existing legislation, mainly the National Health Service Act 2006 and the Health & Social Care Act 2012. It will require a legal agreement under section 75 of the 2006 Act.
- 6.5 The design principles guiding the governance arrangements will reflect the desire to make this a partnership of equals. Both the Council and the CCG will continue as two separate independent corporate bodies and retain sovereign legal responsibility for their statutory functions albeit they are delivered jointly. The section 75 arrangements have sufficient flexibility to provide for pooling or co-managing funds, risk sharing, dispute resolution, termination etc.
- 6.6 The details of the governance agreements and an outline of the key principles underpinning the section 75 agreement will be reported to the October/November meetings of the Policy & Resources Committee and Full Council as well as the Health & Wellbeing Board.
- 6.7 A Member reference Group consisting of Councillors Yates, Barford, Taylor and Page will oversee the development of the proposals

*Lawyer Consulted: Abraham Ghebre-Ghiorghis*

*Date: 21<sup>st</sup> June 2017*

Equalities Implications:

- 6.8 Specific changes to health and social care service commissioning and provision will need to be considered at relevant stages through a programme of change and community engagement. Equalities Impact Assessments will be completed as plans are developed.

Sustainability Implications:

- 6.9 A whole systems approach to change is more likely to enable financial sustainability across service providers. Enabling clients, communities and neighbourhoods to be involved in better managing their health and social care is a preferred strategy for creating a more economically sustainable and socially accepted local health and social care system.

Any Other Significant Implications:

- 6.10 There are a number of significant implications of the proposed further integration of health and social care within Brighton and Hove. These include funding challenges, governance, organisational capacity and reputational issues with local residents, health professional, employees, partners and NHS England.

- 6.11 In addition the national picture is still developing and final proposals for the integration of health and social care within the city will need to take account of any future developments.
- 6.12 How we propose to address these issues will be detailed in the report due to go to PR&G in October 2017.

## **SUPPORTING DOCUMENTATION**

### **Appendices:**

1. Work stream governance
2. Local STP partnerships

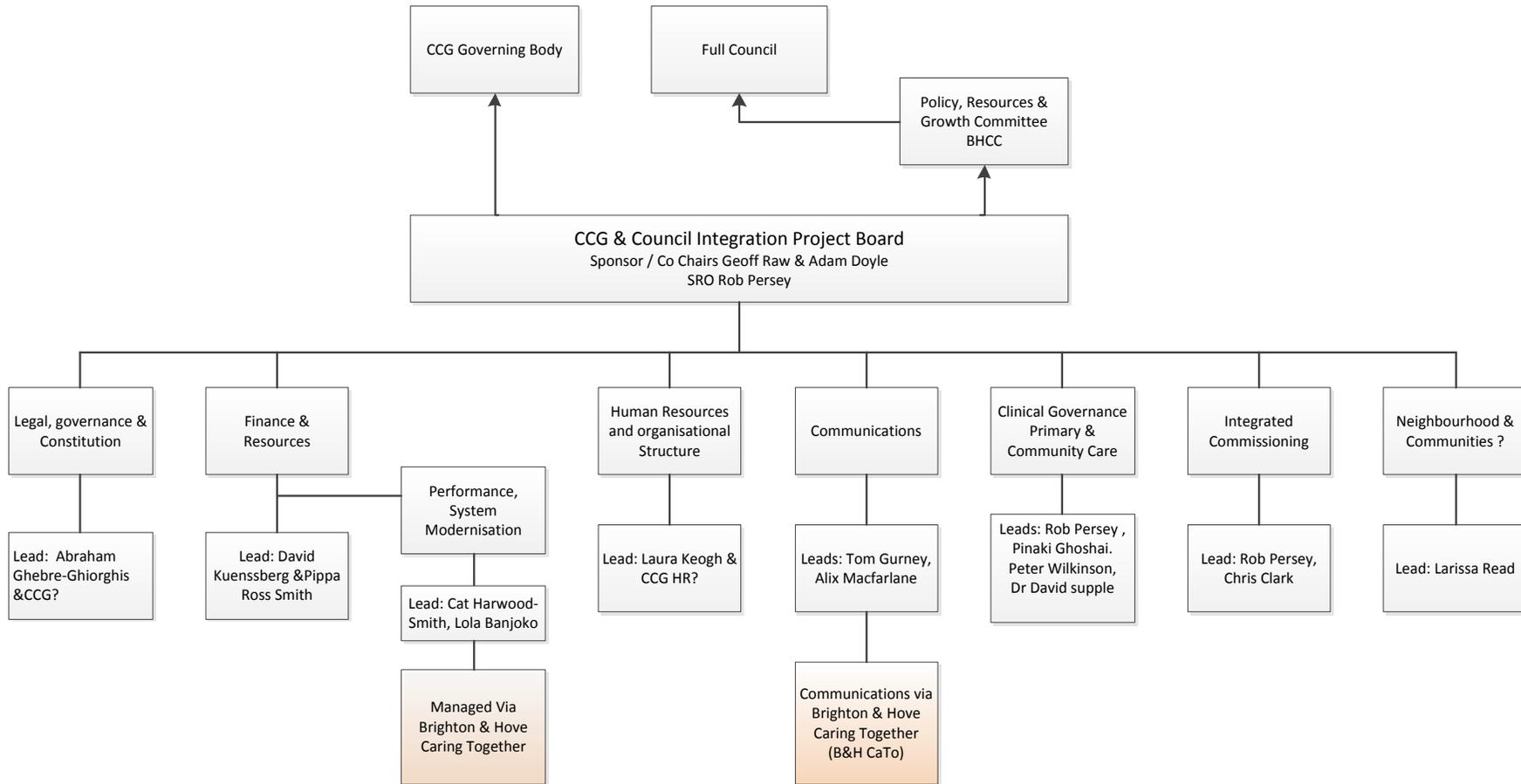
### **Documents in Members' Rooms**

1. None.

### **Background Documents**

1. Report on Local Health and Social Care Integration to PR&G Committee 8<sup>th</sup> December 2016

Work Stream Governance



# Local STP Partnerships

