

Subject: Local Health and Social Care Integration
Date of Meeting: 12th October 2017
Report of: Chief Executive BHCC
Chief Accountable Officer CCG
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Ward(s) affected: All

FOR GENERAL RELEASE

Glossary of Terms

BCF – Better Care Fund
BHCC – Brighton and Hove City Council
CCG GB – Clinical Commissioning Group Governing Body
DPH – Director of Public Health
GP – General Practitioner
HASC – Health and Adult Social Care
HOSC – Health Overview and Scrutiny Committee
HWB – Health and Wellbeing Board
NHS – National Health Service
PR&G – Policy Resources and Growth Committee

1. PURPOSE OF REPORT AND POLICY CONTEXT

- 1.1 This report builds upon the report approved by the council's PR&G committee and the CCG Governing body in July 2017 that outlined the requirement and rationale for local health and social care integration and made the following recommendations:
- To 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.
 - To authorise officers to work with CCG colleagues and other NHS Providers in order to bring detailed proposals to the PR&G Committee in October 2017.
 - To note the direction of national policy.
- 1.2 This report updates on recent progress confirming what is in scope and proposing an interim governance arrangement to enable effective and accountable operation through the shadow year of operation, 2018/19.
- 1.3 It also sets out the roles of Councillors and CCG Governing Body members during the shadow period.

2 RECOMMENDATIONS

- 2.1 That the establishment of a shadow operational year commencing on 1st April 2018 during which officers from BHCC and the CCG will prepare for full integration in April 2019 be agreed;
- 2.2 That the formation of a joint officer board (BHCC and CCG) that will be tasked with planning the smooth introduction of the new integrated services be noted;
- 2.3 That the initial scope of the activities to be included from the outset of the shadow year, through which period the confirmed longer term scope will be identified and brought back for formal agreement (see para 3.10), be noted;
- 2.4 That an interim governance arrangement for 18/19 that gives authority for HWB to have oversight of the integrated budget as set out in appendix 1, be agreed;
- 2.5 That the design principles set out in para 3.18 which will guide the development of the partnership be agreed;
- 2.6 That authority be delegated to the Chief Executive, in consultation with the Chair and Deputy Chairs of the HWB, to take all steps necessary or incidental to progressing the project;
- 2.7 That it be noted the CCG Governing Body will delegate to the Chief Accountable Officer authority to take all steps necessary or incidental to progressing the project; and
- 2.8 That it be noted the proposals listed above do not change existing delegated powers or the constitution of either party.

3 CONTEXT/ BACKGROUND INFORMATION

Case for change

- 3.1 Nationally, there is a strategic mandate to integrate health and social care across England and Wales by 2020. The rationale informing the national strategy stems from the emerging health and wellbeing challenges that include a rapidly ageing population living longer, many with increasingly complex needs, and the opportunity to use resources across the whole system more effectively. More immediately, concerns about the current performance of the NHS, particularly in the acute sector, and sustainable funding of adult social care receive a consistently high profile in the national media. The policy expectation is that taking a whole system approach to future commissioning and performance arrangements across health and social care will both enable more effective use of resources and importantly improve the experience and outcomes for the patient/resident.
- 3.2 Across the country and indeed, closer to home in Sussex, we see emerging a number of CCGs sharing management structure and exploring closer structural alignment with local authorities. While this will potentially secure economies of scale, particularly where commissioning services from acute hospitals, we must ensure that the focus of what is being proposed at the city place based level remains on improved patient/ service user outcomes for residents in Brighton and Hove with a particular focus upon community based services.

- 3.3 Whilst there will be an interface and relationship between services commissioned and delivered locally and those at scale on a wider geographical area, the focus for this report is to describe how we are working to progress integrated commissioning as the driver to support the future delivery of health and social care at the city level.
- 3.4 The Council and CCG have an established record of joint working including:
- delivering more effective frontline services e.g. hospital discharge team teams and the piloting of Home First where we work together on a shared pathway to support timely discharge from hospital beds where patients are medically stable,
 - successful management of S75 agreements e.g. the Better Care Fund where we have pooled funding and shared performance metrics to deliver a range of services that support system wide outcomes
 - a number of services already jointly commissioned e.g. Carers
 - joint working and contract monitoring across key services including mental health, learning disability, children and young people as well as older people.
- 3.5 In the shadow year the Council and CCG will further develop approaches to joint working including preparation of a work programme to address shared priorities across the city. Reflecting its increasing priority and profile within the city, one subject the HWB may wish to consider is a review of mental health services and how they are commissioned, delivered and received in Brighton and Hove.
- 3.6 As integration becomes more embedded the focus of performance will expand from being largely activity and performance based to focus equally on improved health and wellbeing outcomes.
- 3.7 Central to this will be a shared emphasis on prevention:
- Focusing on whole population as well as addressing inequalities within the system that adversely impact on individuals,
 - Improving access to health and social care for patients and people with eligible social care needs.

Scope

- 3.8 While the list below identifies the main service areas within scope discussions are still ongoing about the individual activities and budget lines that contribute to each area. Whilst this work is due to be largely completed prior to April 2018, within certain areas, primary and community care being one example, there are some specific services that will need to be reviewed through the shadow year to confirm whether they should or should not be in scope in the longer term. Down the line some of these decisions may be influenced by other NHS commissioning structural arrangements being considered across Sussex, and whilst we will have the opportunity to contribute, they will not be within the direct control of the Council or CCG.
- 3.9 For clarity, acute services commissioning which buys the vast majority of services from BSUH are not within scope. Acute hospital services across Sussex will continue to be commissioned at scale across the county though there will be local interfaces into some of the services that link to community provision, discharge to assess/ HomeFirst services being one such example.

3.10 Those areas in scope include:

- Community Health Services
- Community mental health
- Learning Disability
- Primary care (including public health contracts) – excluding GP contracts and employment
- Community pharmacies (outside the nationally commissioned work)
- Health and Adult Social Care including Preventative Services currently commissioned from both e.g. quality, safeguarding etc.
- Children community health and care services (including CAHMS)
- Transitions (as relates to children and young people with health and /or social care needs moving into adulthood)
- Continuing Health Care assessment and provision
- Hospital discharge and short term services (step up and step down services) – incl HASC provider services

It is also important to note the areas that are not in currently in scope. These areas are commissioned from other including NHSE. The areas out of scope are:

- Acute Hospital Commissioning
- GP contracts and employment
- Some Mental Health delivery
- Cross CCG connected activity. B&H CCG will need to work with other CCGs on some areas of regional commissioning and this will be out of scope.

Governance

Interim arrangements for the shadow year commencing 1st April 2018

(See Appendix 1 for diagram)

3.11 During the shadow year the role of the Health and Wellbeing board will be enhanced with it becoming more strategic, concentrating on health and social care policy and the integration agenda. It will also be given oversight of the integrated health and social care budget during this period.

3.12 The formal governance arrangements will remain unchanged during the shadow year with the new officer board reporting to the HWB, PR&G and the CCG Governing body as appropriate.

3.13 There will be a formal review of the HWB including membership and the outcome of this review will be part of the report that comes to PRG at an appropriate future date to be agreed.

3.14 With the expectation that the HWB will become more strategic in its consideration of health and social care issues it is proposed that the current HWB pre meeting will continue. However the pre meeting will be provided with an additional responsibility to, not only review the reports going to the Board, but also to develop and agree a Forward Plan ensuring that future Board agenda items reflect the direction of travel. The final decisions for agenda items will remain with the Chair.

- 3.15 The officer board will be renamed the “Health and Social Care Integration Board” to give it the additional responsibility for coordinating those services that will be ‘in scope’ during the shadow year. This will help to facilitate a better shared understanding of operational and financial aspects of the services falling within the scope of the new integrated offer. (Membership of the board is detailed in appendix 2). It is important to note that these interim solutions will work within the existing governance arrangement. This board will also be responsible for monitoring the performances of a number of steering groups which are established to ensure the wheel keeps turning on ‘business as usual’. The groups that have been established but are not shown on Appendix One as they are not part of the formal Interim Governance arrangement are:
- Joint Commissioning Steering Group
 - Joint Finance and Performance Group (see para 6.2)
 - Joint Governance Steering Group
 - Joint Workforce Development Group
- 3.16 Also established but not shown on Appendix 1 for the same reason, is the Cross Party Member Working Group which will continue to meet in its present form to discuss relevant Council specific issues as they arise. This meeting will continue to be chaired by the Chair of the HWB and its membership is made up from the councillors who currently sit on the HWB.
- 3.17 The quality and performance of services currently commissioned by and delivered on behalf of Social Care are not subject to regular scrutiny. Whilst not requiring any formal change to existing governance arrangements the shadow year 2018/19 will see an additional role directed to Health Overview and Scrutiny Committee to undertake this function within its existing Terms of Reference. Applying this discipline will enable HOSC to scrutinise both Health and Social Care on an equal and consistent basis and release this capacity from HWB allowing greater focus upon strategic matters.
- 3.18 The design principles that have been adopted when drawing up the proposed arrangements for the shadow year are detailed below:
- **Partnership of Equals:** both parties sharing their functions but with each remaining statutorily responsible for the delivery of its functions.
 - **Pragmatic and Flexible:** the arrangements will be guided by what works best and not necessarily the way that the Council or the CCG do things and will be flexible to accommodate and respond to national, regional and local policy.
 - **Based on existing legislation:** Integration will be developed on the assumption that we will be working within the existing legislative framework
 - **Creating an effective streamlined structure:** compatible with delivering
 - Economy, efficiency and effectiveness; and
 - Greater public and democratic accountability
 - **Place Based Integrated Commissioning:** engaged with and responsive to wider commissioning arrangements outside of our local control the focus of integrated arrangements will be on the coterminous city boundary maintaining and building up on existing relationships with providers and other stakeholders.

- **Due Diligence** - a formal process will be in place
- Ensure there is also improved reporting and oversight of Adult Social Care finance and performance through both HWB and HOSC as appropriate to their current ToR.
- More focused and informed policy making, resource allocation and consideration of patient experience to better shape service design and improve health and care outcomes for the city region.
- A collaborative approach to change which secures buy-in of national, regional and local partners, budget holders and regulatory agencies.
- Securing the best health and social care outcomes for local communities that resources afforded to the health and social care system can deliver.
- Co-governance between the local authority and the NHS.

Governance arrangements from 1st April 2019

- 3.19 Governance arrangements as we move into full operation from April 2019 will be considered and developed over the coming 12 months with options and recommendations being presented to HWB, PR&G and full council (depending on the level of recommendation and potential change to future governance arrangements). However, whilst as stated above formal powers and delegations will remain unchanged through the shadow year, reflecting the significant development and partnership that integration heralds, an interim governance arrangement does need to be designed and agreed.
- 3.20 In undertaking this work it is clear that there are improvements to our current joint practices which can be improved now. These include:
- Opening a communication channel from CCG for council ward based queries.
 - Briefings - joint sessions for CCG and council colleagues regarding health and social care including how the whole system works in practice.

Finance

- 3.21 The financial implication of the proposal and the size of the integrated budget for the services managed by the Health and Social Care Integration Board will be determined alongside the work to finalise the scope. It is intended that this work will be completed by December 2017 and will include:
- a) Detail of the services at will be covered by the scope
 - b) The budget associated with each service within scope and its source. (BHCC, CCG or pooled within the Better Care Fund)
 - c) Performance indication / KPI's associated with those services that are in scope.
- 3.22 The table below provides a high level indication of the shared financial resources that are going through due diligence. It should be noted that minor revisions will need to be made in light of final BCF and iBCF allocations. Ultimately budgets will be jointly planned and monitored in an agreed format that will allow for impact enquiry, service and financial risk, and local policy opportunity to be fully explored.

CCG & BHCC Shadow Account Summary 2017/18 - Budget

	CCG (£'m)	BHCC (£'m)	Total (£'m)
Service	2017/18 Net Budget	2017/18 Net Budget	2017/18 Net Budget
Community Health Services	46.331	7.742	54.073
Continuing Care Services	29.043	0.000	29.043
Hostel Accommodation	0.000	1.128	1.128
Learning Disabilities	2.196	29.899	32.095
Mental Health Services	49.731	9.834	59.565
Social Care/Other Programme Services	3.433	19.889	23.322
Primary Care Services	87.382	0.000	87.382
Running Costs	8.550	12.852	21.402
BHCC Support Service Costs	0.000	6.056	6.056
Service Total	226.667	87.399	314.067
Contingency	2.056		2.056
Reserves	3.924		3.924
Grand Total	226.673	87.399	320.047

3.23 It should also be noted that not all budgets identified above will be 'in scope' for the new interim arrangements. For example decisions around acute budgets are likely to be taken at regional and national NHS level albeit steps will be taken to ensure that the implications on the local health and social care system as a whole are understood and acknowledged.

4 ANALYSIS & CONSIDERATION OF ANY ALTERNATIVE OPTIONS

- 4.1 Central Government and NHS England require the integration of health and social care arrangements by April 2020.
- 4.2 The proposals and recommendations for the shadow year contained within this report will reinforce, through the adoption a clearer interim governance structure, the already close working relationship between the Council and CCG.
- 4.3 Without these changes the roles of the HWB, CCG Governing Body and Council will become increasingly unclear as the proposals for the first year of full integration are developed.
- 4.4 This could lead to a loss of democratic accountability for councillors and accountability for the CCG and the fragmentation of the Health and Social Care system with potential adverse consequences for those in the city who are most vulnerable.
- 4.5 Delaying or rushing the process will preclude the joint learning and sharing that a shadow year will deliver.

5 COMMUNITY ENGAGEMENT & CONSULTATION

- 5.1 A communications and engagement strategy to support the Caring Together

agenda was presented to the HWB on 11th July. ¹ 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 was held on 4th July where the Caring Together programme was discussed.

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 Group, 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.
 - Report to the H&SC Integration board and share its findings with ‘health and care partners’.
- 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: 8/09/17

¹ [https://present.brighton-hove.gov.uk/Published/C00000826/M00006663/\\$\\$ADocPackPublic.pdf](https://present.brighton-hove.gov.uk/Published/C00000826/M00006663/$$ADocPackPublic.pdf)

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. It may also be necessary to put further legal agreements in place.
- 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 in due course to the Policy & Resources Committee and Full Council as well as the Health & Wellbeing Board.
- 6.7 A Member Reference Group consisting of councillors sitting on the HWB has been established to enable observation and direction to the development of the proposals.

Lawyer Consulted: Abraham Ghebre-Ghiorghis

Date: 8/09/17

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.

Any Other Significant Implications:

- 6.9 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.
- 6.10 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.

Risk and Opportunity Management Implications:

- 6.11 The BHCC's Strategic Risk Register (SRR) recognises the importance of Health and Social Care Integration and its potential to affect achievement of BHCC's Corporate Plan. The BHCC SRR is reviewed quarterly by the Executive Leadership Team (last review 26/7/2017) and its Audit & Standards Committee has a role to monitor the effectiveness of risk management and internal control and form an opinion. This includes risk focus items, where at least three strategic risks are scheduled at each of their meetings. Members invite the Risk Owners to attend to answer their questions on specific Strategic Risks.

- 6.12 On the BHCC SRR, the relevant risk is Strategic Risk SR20 'Inability to integrate health and social care services at a local level and deliver timely and appropriate interventions' and the Executive Director, Health & Social Care, is the risk owner. It has a residual risk score, recognising controls (activity and arrangements) in place to mitigate this risk, of Likelihood 3 (Possible) and Impact of 4 (Major).
- 6.13 A shared risk register and control process will be developed during the shadow.

Public Health Implications:

- 6.14 The recent DPH report that was presented to the HWB in July 2017 contained information on the health inequalities that exist in the city. The integration agenda aims to support reductions in health inequalities, focus on targeting services to areas of most need and increase access to health and social care services as appropriate.

Corporate / Citywide Implications:

- 6.15 The integration plans address one of the key council outcomes "a good life; ensuring a city for all ages, inclusive of everyone and protecting the most vulnerable". It also supports all our key principles; Public accountability, Citizen focussed, Increasing equality and Active citizenship.
- 6.16 Finally this programme support the city partnership priorities (which the council and CCG are key members) of Health and Wellbeing
- 6.17 Closer integration will bring specific benefits to both democratically elected councillors and clinicians:
- for Members
- Increase access to clinicians to support evidence based decision making.
 - A voice in the policy development of the health aspects of the newly integrated services
- for Clinicians
- An opportunity to influence the whole system development of Health and Social Care within the city
 - To be able to engage in the wider impacts of health inequalities as outlined in the Marmot review as written by Professor Sir Michael Marmot. (A review into Health inequalities pub 2010)
- for both
- A co-ordinated approach to the deployment of national policy and plans to local needs.

SUPPORTING DOCUMENTATION

Appendices:

1. Proposed shadow year governance arrangements commencing April 2018
2. Membership of Health and Social Care integration Board
3. Terms of Reference of the Cross Party Health & Social Care Integration Members working group

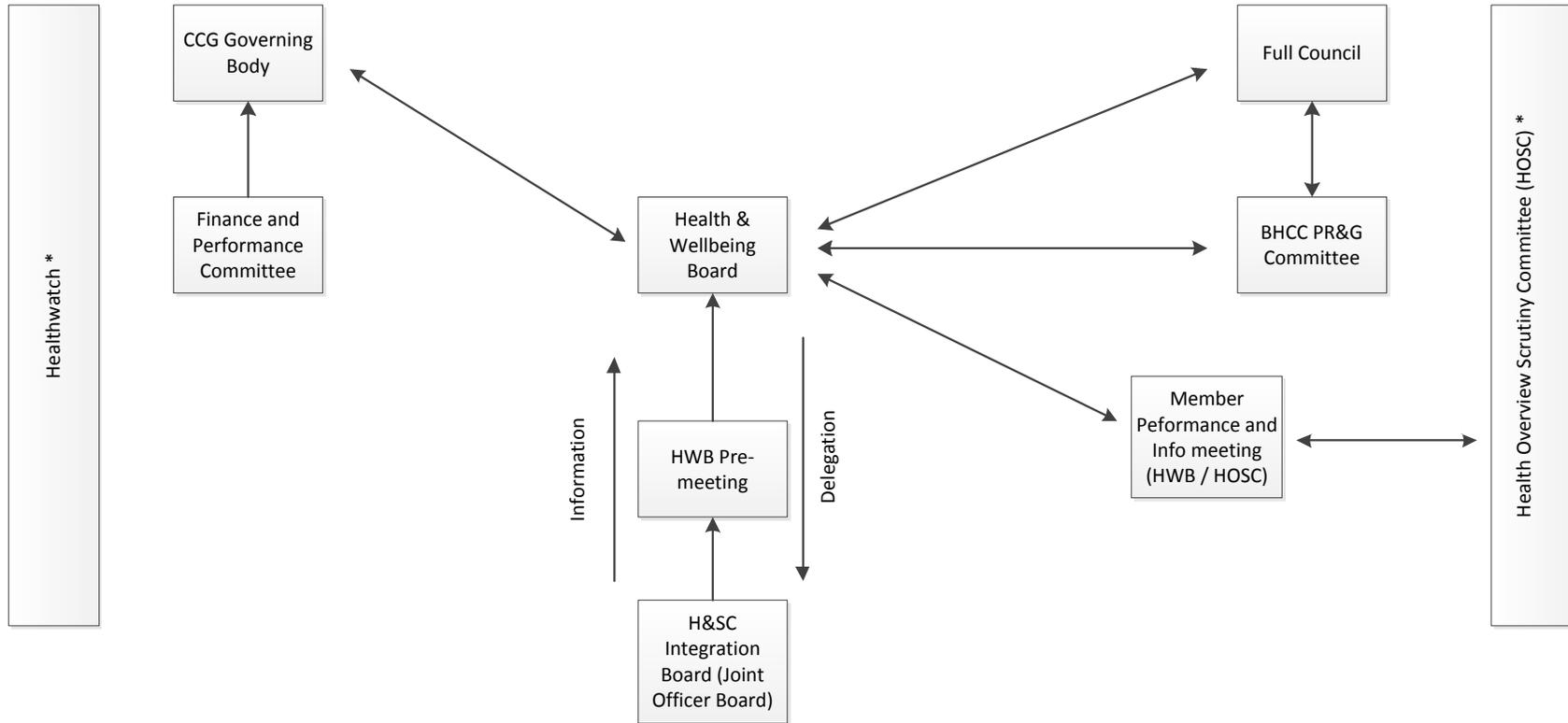
Documents in Members' Rooms

1. None

Background Documents

1. Report on Local Health and Social Care Integration to PR&G Committee 8th December 2016
2. Report on Health and Social Care Integration to PR& G Committee 13th July 2017.

Proposed shadow year Governance arrangements commencing April 2018



Hove Caring Together.
 * Whole system scrutiny

Membership of Health and Social Care integration Board

Position
Chief Executive BHCC
Chief Accountable Officer B&H CCG
Executive Director, Health and Adult Social Care (HASC) BHCC
Director of Commissioning CCG
Executive Director Families, Children & Learning BHCC
Chief Nurse CCG
Executive Director Finance & Resources BHCC
Chief Finance Director CCG
Executive Lead Officer Strategy Governance and Law BHCC
Director of Corporate Affairs CCG

Proposed Cross Party Health and Social Care Integration Working Group – Draft Terms of Reference

Purpose

The purposes of the Cross Party Health and Social Care Working Group will be:

- To consider the consequences of the recent PR&G Committee decision about Health and Social Care integration as the direction of travel work progresses
- To oversee the development of proposals and raise issues with officers

Membership and Chairing Arrangements

Membership of the Working Group will include:

Chair of Health & Wellbeing Board

Lead Member for Adult Social Care

The Lead Opposition spokesperson

The Lead Member for Health and Wellbeing from the Green Party

supported by an Executive Director from the Council and the CCG. Initially this will be the Executive Director for Health and Adult Social Care. However other Executive Directors from BHCC and CCG will attend as necessary.

The Working Group will be advised by the Executive Director Strategy, Governance and Law, together with other officers of the council as required.

The first meeting of the Working Group will initially be chaired by the Executive Director for Health and Adult Social Care. Future meetings will be chaired by the chair of the Health & Wellbeing Board.

Operating principles

It is intended that the Working Group operate in partnership and its goal is to attempt to reach decisions by consensus.

The Working Group may call upon specialist advice from legal, financial, HR and other officers of the Council as it sees fit.

Papers and minutes of each meeting will be issued within seven days before subsequent meetings and will be confidential; Members will decide at the end of the meeting those items which may be discussed more widely.

Administration for the Working Group will be provided by officers. The agenda and accompanying papers will normally be circulated one week in advance of meetings, but additional material may be sent later or tabled where necessary.