

TELFORD & WREKIN COUNCIL

CABINET – 21 APRIL 2016

HEALTH & WELLBEING BOARD – 15 JUNE 2016

TITLE: INTEGRATION OF HEALTH & SOCIAL CARE

**REPORT OF DIRECTOR OF CHILDREN'S & ADULT SERVICES & ASSISTANT
DIRECTOR: HEALTH & WELLBEING**

LEAD CABINET MEMBERS – CLLR RICHARD OVERTON

PART A) – SUMMARY REPORT

1. SUMMARY OF MAIN PROPOSALS

- 1.1 This report has been written to inform the relevant Boards about the progress in establishing a shared narrative which will underpin plans for a deeper integration of health and social care which will deliver improved outcomes within available resources.
- 1.2 The Chancellor George Osborne set out plans for greater integration in the Spending Review 2015. The Government announced plans for the integration of health and social care by 2020, with local areas coming up with a plan by 2017. The process will be driven in part by the Better Care Fund
- 1.3 The NHS in Delivery the Forward View: NHS planning guidance 2016/17 – 2020/21 sets a requirement for the NHS to produce a five year Sustainability and Transformation Plan (STP). The STP must cover better integration with local authority services, including, but not limited to, prevention and social care, reflecting our agreed health and wellbeing strategy.

2. RECOMMENDATIONS

- 2.1 That Cabinet approves the shared narrative set out in Annex A below as a basis for developing plans for the integration of health and social care.

3. SUMMARY IMPACT ASSESSMENT

COMMUNITY IMPACT	Do these proposals contribute to specific Co-Operative Council priority objective(s)?	
	Yes	Put our children and young people first, protect and support our vulnerable children and adults, improve health and wellbeing of our communities and address health inequalities.
	Will the proposals impact on specific groups of people?	
	Yes	Children and adults across the Borough.
TARGET	Plan for integration of health and social care to be in place by	

COMPLETION/DELIVERY DATE	2017. The narrative will also inform work on other plans including The Shropshire & Telford & Wrekin Sustainability & Transformation Plan	
FINANCIAL/VALUE FOR MONEY IMPACT	Yes	<p>Existing health and social care integrated working through the Better Care Plan is underpinned by a Section 75 Pooled Budget agreement in 2015/16 at a value of £12.5m. Proposals for the 2016/17 pooled budget are currently being considered ready for final submission to the Department of Health as part of the national requirements. The BCF plan and budget will need to be approved by the Health & Wellbeing Board prior to the final submission on 25th April. Current proposals include additional allocations from the CCG and the Council in relation to grants and service level agreements with voluntary organisation, a national increase in the Disabled Facilities grant and schemes to support discharge from hospital.</p> <p>Careful consideration will need to be given to the financial implications for the Council of any plans to further integrate health and social care, including a robust assessment of all financial risks which may arise. The development of any plans will need to be considered in the context of the need to deliver further budget savings in the medium term.</p> <p>TAS 22.3.16</p>
LEGAL ISSUES	Yes	<p>The government has announced a requirement that all local areas integrate health and care services by 2020. This policy builds on the development of the Better Care Fund. The Health and Social Care Act 2012 sets out different integration duties for councils and health bodies. A statutory mechanism around joint agreement and working is set out in the National Health Service Act 2006 as amended (NHSA). It enables Councils and health authorities such as the CCG to enter into shared arrangements for the delivery of integrated services. Such arrangements can cover pooled budgets, joint commissioning and integrated provision. The current Section 75 between this Council and the CCG commenced on 01.04.2015 and there are discussions for a new Section 75 to cover 2016 and 2017 between the parties. In addition use may be made of the section 256 provisions which enable the CCG to provide money to the Council for carrying out of certain functions.</p> <p>H Dean 16.03.16</p>
OTHER IMPACTS, RISKS & OPPORTUNITIES	Yes	By working together with a shared narrative we will be focussed on solving problems and promoting

		social responsibility and action to appropriately manage and reduce demand for services.
IMPACT ON SPECIFIC WARDS	No	Borough-wide impact

4. INFORMATION

- 4.1 The Council and the Clinical Commissioning Group, as members of the Health & Wellbeing Board, have established a new vision “Together we will work to enable people in Telford to enjoy healthier, happier and longer lives”.
- 4.2 Further work has been undertaken to develop a shared narrative (See Annex A below) and a governance structure which is linked to The Health & Wellbeing Board.
- 4.3 The new Stronger Communities Board will bring together strategic health and social care partners to oversee delivery of this shared set of aims. This Board will replace the Better Care Partnership and Community Fit. It should be noted that Community Fit will still exist but will focus on matters relating to Shropshire-wide health economy.
- 4.4 These arrangements effectively establish a ‘One Health and Social Care Approach’ for Telford, by using a shared set of priorities and values we can start (building upon work already underway) to make a real difference by:
- Attacking cost, reducing duplication and overlaps and identifying further opportunities for genuine integrated working practice
 - Securing economies of scale and concentrating/pooling expertise and procedures
 - Reducing unnecessary bureaucracy – de-cluttering processes and procedures
 - Establishing a streamlined more flexible partnership that can act faster
 - Promoting collaborative working, maximising the synergies between services and reducing silo-working
 - Taking a strategic and comprehensive approach to organisational development and change management to transform the way we work
- 4.5 The Chancellor George Osborne set out plans for greater integration in the Spending Review 2015. The Government announced plans for the integration of health and social care by 2020, with local areas coming up with a plan by 2017. The process will be driven in part by the Better Care Fund. It is anticipated that the Stronger Communities Board will be responsible for overseeing the development of this plan.
- 4.6 The new approach will be underpinned by our Co-operative Council ethos and values and is in line with our ‘Being the Change’ strategy in terms of prevention and managing demand and challenging the way we do things.

5. PREVIOUS MINUTES

5.1 None

6. BACKGROUND PAPERS

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Annex A

Narrative – Right Help, Right Time to Promote Independence The Need to Change – Our new approach

Increasing demands on public services at a time of significantly reducing resources means that we must look for a new model for delivering services which continues to safeguard our most vulnerable children, young people and adults. We know that the existing model can actually create new demand and dependency and we are not always improving outcomes that matter most to people. This is no longer affordable and doesn't necessarily benefit people. In addition, we are seeing increasing need with an ageing population and ever growing expectations of public sector services. These challenges are being faced locally and mirrored nationally.

We cannot continue to work as we have and we need to work together. Change is the only option. We have reached a point where our existing preventative interventions are simply no longer going to create significant future benefits and we must reassess what we deliver public service for and to whom we deliver them. This will involve developing a closer working relationship and shared narrative across public sector partners and with our communities. There are already some transformational change programmes in train which we need to build upon, one of the more significant local developments being 'Future Fit'.

The Government has reinforced the need to think differently and provided some mechanisms to support that change. This includes the 'Devolution Bill', the Better Care Fund and incentives to fill the gaps associated with cuts in Local Authority funding and the impact of increasing demands for other public sector services. We need to utilise these mechanisms to take control, moving from reactive to much more proactive leadership and defining our own future together with our population.

This effective leadership will recognise the need to build alliances and collaborations in working towards a better future. Our leaders and workforce will learn to work across organisational boundaries through networks and bring together services around the needs of populations and people who use these services. This collective leadership means everyone taking responsibility for the success of the organisations and systems in which they work, with a focus on learning, enabling and improving quality of care delivered to service users. We need to speak and act as one, and not be constrained by who we work for. Instead we need to concentrate on doing the right thing.

Our approach will be underpinned by our values of Openness and Honesty, coproduction, ownership, fairness and respect and involvement. The Think Local Act Personal (TLAP) commitment in Making It Real provides a useful set of statements that can be embedded into the way we work. These include:

- Information and advice – “having the information I need, when I need it”
- Community based solutions – “keeping friends, family and place”
- Flexible resources focussed on need – “my support, my own way”
- Empowering Risk Management & Safeguarding – “feeling in control and safe”
- Spending Public Money Wisely – “My money”
- Knowledgeable and Informed Workforce – “My support staff”

Together the Council and the Clinical Commissioning Group have established a new vision: *“Together we will work to enable people in Telford to enjoy healthier, happier and longer lives”*. We have agreed a set of principles underpinning this approach which include:

- Empowering people to take control of their own health
- Supporting communities to grow, so that they can support people better
- Creating a place that enables people to make healthier choices
- Adopting the principle that home is normal
- Promoting wellbeing and independence across all communities whatever their level of need
- Working in a systemic way to manage demand away from high cost health and social care, promoting independence
- Making good use of resources across the whole system
- Using outcome based commissioning

The Golden Thread – Developing Community Centred Approaches

If we are to successfully reduce the present dependency on public services we must build resilient communities. We know that when people are connected and contributing to their communities, both communities and individuals are stronger and more resilient which leads to better outcomes. We will not eradicate the need for services. There will always be times when people need to access public services. In some cases we need to promote easy, early access to that support or treatment to achieve better clinical and personal outcomes. However, there is also strong evidence to say we can reduce the need for these services by preventing poor health developing in the first place and promoting recovery to reduce future reliance on statutory services and our communities can have a massive role to play. We must mobilise assets within communities, promoting equity and increasing peoples control over their own health and lives. The different approaches can be usefully categorised into four areas. These are outlined below with an overview of how they work and common models:

1	Strengthening communities	Build community capacity to take action on the health and social determinants of health. People come together to identify local issues, solutions and build social action	E.g. Community development, asset based methods
2	Volunteer and peer roles	Enhance individuals’ capabilities to provide advice, information and support/organise activities in communities.	E.g. Peer support, peer education, health champions, befriending.
3	Collaborations and partnerships	Involve communities and local services working together at any stage of the planning cycle from identifying need through to the evaluation of activities.	E.g. Area based initiatives, co-production projects, Healthy Towns/Cities.
4	Access to community resources	Connect individuals/families to community resources, practical help, volunteering opportunities (consider links to primary care and community organisations)	E.g. Community hubs in libraries/faith settings, social prescribing, and healthy living centres.

We will need to adopt a different approach and organisational response to make this whole system transition. An approach based upon integrated working practice across children, young people and adult (social care, health and other public sector) services. Our approach will involve developing a new approach “Community Connect” with our communities.

Our Starting Point

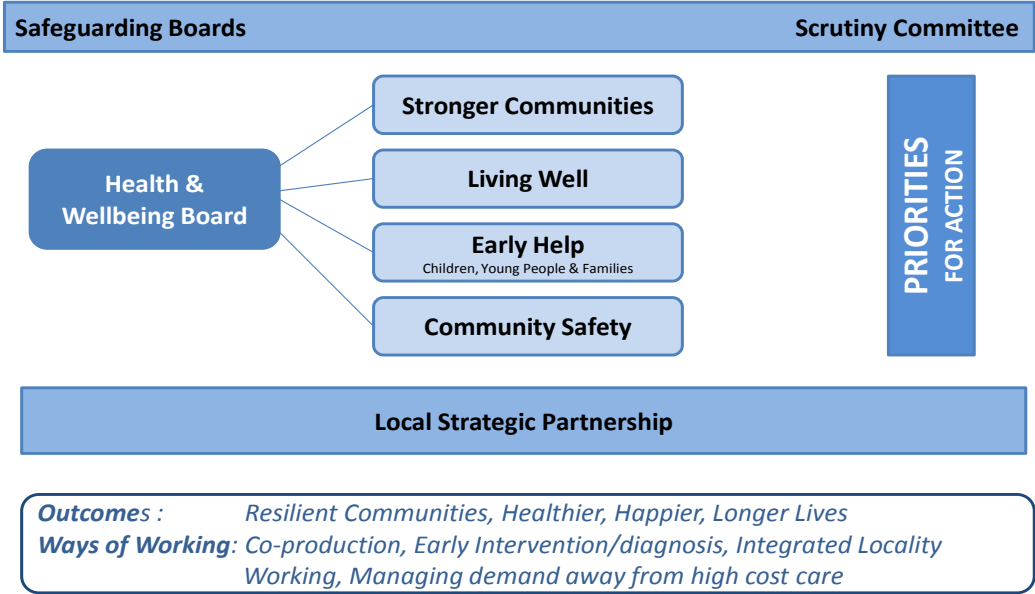
‘Community Connect’ represents more of a movement, rather than a traditional approach of doing things to or for our communities. It will require a different way of working/thinking from our leaders as well as our front line staff. The progression of this movement needs to be enshrined within a set of principles and a programme of work that covers ‘Telford’, rather than any individual organisation. The full change will take years and we need to make a start now. The following table presents a few practical steps the statutory organisations can take to promote this movement.

1	Adopt the four pillars of strengthening communities. Produce a compelling communication which can be accessed by the public..
2	Encourage our staff to get to know our communities. Include practical examples of how this can be achieved
3	Together, continue and share the asset mapping exercise initiated by Council officers. This needs to include the articulation of hospitals as key community assets.
4	Consider one workforce whose job it is to help us know our communities. By investing our time in getting to know our communities they can guide us and shape their own future. They will also help us to seek out those needing support who often don't access our services until it is too late “the hard to find”.
5	Utilise the non-recurrent CCG grants funding available during 2015/16 to promote sustainable community resilience related projects. Part of this funding could be used to promote a better infrastructure to support the third sector (NB TBC by the CCG)
6	Identify community leaders (who aren't the usual suspects!)
7	Build in social value as a requirement to any new procurement activity
8	Integrated working to be a primary consideration of any new development. In turn, any new interventions need to seek sustainable solutions by challenging a culture of dependency by providing the right help, at the right time to promote independence.
9	The CCGs Health Roundtable to organise an event to consider social isolation and how the community can actively build greater resilience in this area.

In order to support this change we must also establish an effective governance structure capable of making significant cultural change. Our governance structures will establish the

best possible proportionate process for making and implementing decisions. We propose to set up a new 'Stronger Communities' Board to report into the Health & Wellbeing Board. The Board's draft Health & Wellbeing Strategy 2016-19 has selected three cross cutting priorities: encourage healthier lifestyles, improve mental wellbeing and mental health and strengthen our communities and community based support. The proposed governance structure is shown below.

Better Together



Whilst governance is important - it is our own behaviour and leadership that will make this happen. Collectively working with our communities and with partners will create the cultural change necessary to promote this way of working; promoting independence.

Clive Jones & Anna Hammond
 December 2015