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Integration of Health and Adult Social Care

Purpose of report

To inform the LGA Executive of progress on the various strands of work on the integration agenda.

Summary

In 'Rewiring Public Services: adult social care and health' we were clear that the next phase of development in social care and health must be towards integration. Given the importance of the agenda – both for improving individuals' outcomes and benefiting the public purse – this paper updates Members on the different areas of work the LGA is involved in on integration. It covers the £3.8 billion Integration Transformation Fund, the Pioneers programme, work on an integrated care toolkit, the government's Vulnerable Older People's Plan, and the Health and Wellbeing System Improvement Programme.

Recommendation

The Executive is asked to note progress on the integration of Health and Adult Social Care.

Action

LGA officers to action as necessary.

Contact officer: Sally Burlington
Position: Head of Programme, Community Wellbeing
Phone no: 0207 664 3099
E-mail: sally.burlington@local.gov.uk

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Rewiring Public Services: adult social care and health

1. Our 'Rewiring' publication is clear that integration between health and social care must be a key priority, and a mainstream activity – not a series of experiments in small areas. We believe the scale and pace of integration across England needs to accelerate dramatically in order to tackle the challenges posed by an ageing population, increasing costs, and reduced resources.
2. The LGA's Community Wellbeing Team is involved in a range of work on integration as outlined below.

The Integration Transformation Fund (ITF)

3. Our Spending Round submission made a number of points on integration, including:
 - 3.1. Integration is now economically and socially essential and must be led locally by Health and Wellbeing Boards (HWB).
 - 3.2. The additional money for social care from the NHS (as part of the 2010 Spending Review) must be extended given that getting adult social care right can alleviate pressure on the NHS.
 - 3.3. The integration and community budget pilots demonstrate that better outcomes for individuals and communities, as well as greater efficiency, can be achieved by shifting resources from acute hospital and institutional care into community based services.
 - 3.4. HWBs are the place for local decision-making on a genuine whole-system approach that considers integrated assessments, commissioning, budgets and systems.
4. Although the 2013 Spending Round was extremely challenging for local government the announcement of a £3.8 billion fund to ensure closer integration between health and social care was therefore a real positive, and a significant 'win' for the LGA and the sector.
5. Exactly how the ITF should operate has been the focus of a number of discussions between the LGA, NHS England (NHSE) and the both the Department of Health (DoH) and the Department for Communities and Local Government (DCLG) over the summer. These culminated in a joint LGA-NHSE statement that was published on 8 August and which sets out our joint thinking on how the fund could work and the next steps localities might usefully take.
6. The ITF for 2015/16 comprises £1.9 billion existing money continued from 2014/15 and an additional £1.9 billion from NHS allocations. £1 billion of the fund will be performance-related.

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7. The ITF will be a pooled budget which can be deployed locally on social care and health. It will be subject to the following conditions which will need to be addressed in jointly agreed local plans setting out how the funding will be used:
 - 7.1. Plans to be jointly agreed.
 - 7.2. Protection for social care services (not spending).
 - 7.3. 7-day working in health and social care to support patients being discharged and prevent unnecessary admissions at weekends.
 - 7.4. Better data sharing between health and social care, based on the NHS Number.
 - 7.5. A joint approach to assessments and care planning.
 - 7.6. An accountable professional where funding is used for integrated packages of care.
 - 7.7. Risk sharing principles and contingency plans if targets are not met.
 - 7.8. Agreement on the consequential impact of changes in the acute sector.
8. HWBs will sign off the plans, which will have been agreed between the local authority and Clinical Commissioning Groups (CCGs). The HWB is best placed to decide whether the plans are best for the locality, engaging with local people and bringing a sector-led approach to the process. The plans will then go through an assurance process involving NHSE to assure Ministers.
9. Work on the ITF will need to be completed to a tight timetable. Between now and October initial planning discussions will need to take place locally, while nationally more work will be needed on the detail of the conditions. The plans will need to be completed between December and January, with assurance completed in March.
10. A steering group comprising the LGA, Association of Directors of Adult Social Services (ADASS), CCGs and NHSE has been formed to take forward the work and over the coming weeks will be dealing with issues such as: allocation of funds; risk sharing arrangements; assurance arrangements and analytical support.

Pioneers

11. Norman Lamb, the Minister for Care and Support, has been keen to support a number of integrated care pioneers that will work across the whole of their local health, public health and social care systems, and alongside other local authority departments and voluntary organisations as necessary, to achieve and demonstrate the scale of change that is required for integrated care. The local area could comprise of the area covered by a particular CCG or local authority, or a larger footprint in which different authorities and health bodies work together to enable integrated services. What is important is that it would be at a scale at which a real difference can be made. The Pioneers will be provided with support, aligned with support provided to the Public Service Transformation

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Network (PSTN). In return it is expected that they will be at the forefront of disseminating and promoting lessons learned for wider adoption across the country.

12. The LGA has been working with the national integrated care partners (including Monitor, ADASS, DoH, NHSE) to support the selection and support for integrated care Pioneers across the country. Following an invitation to submit a bid, 111 applications were received, with 99 meeting the basic criteria to go through to the next stage.
13. There have been two meetings of the 'sift panel' which shortlisted 28 areas based on the demonstration within their application to meet the criteria set out by the national partners. Separate letters went out to all areas shortly after the selection process. The next stage is for interviews with the shortlisted 28 areas to make the final selection over the course of September. It is expected that a final decision will be announced at the beginning of October with final selection being based on quality and the view of the assessment panel.
14. We are working with NHS Improving Quality to provide support to the Pioneer areas, and assist with the rapid sharing of learning across to other areas. Meetings have taken place with colleagues from the HWB Improvement team, Leadership, Productivity and Improvement teams to feed in our existing support offers into the Pioneers programme.

LGA integrated care toolkit

15. The LGA, with support from national integrated care partners, has commissioned Integrating Care to produce a toolkit to support local areas with joint planning for integrated care and the best use of the £3.8 billion ITF. Following three workshops involving over 300 people from a range of sectors there will be six core elements to the toolkit:
 - 15.1. An overarching 'value case' for integrated care.
 - 15.2. 'Value care' summaries.
 - 15.3. An evidence review of existing knowledge on outcomes of integrated care.
 - 15.4. A model showing the impact of different interventions or whole system models of integrated care on outcomes, cost, activity and individual journey through the system.
 - 15.5. A searchable database of integrated care initiatives throughout the country.
 - 15.6. A signposting tool which will point to existing useful sources around the planning and implementation of integrated care.
16. We are working directly with a number of local areas, including local government and the NHS, to refine and test the products as they develop. The Value Cases will be published throughout the course of September, with drafts of the other products being tested between September and the end of November.

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17. The final products will be published on the new online platform 'ICASE' hosted by NHS IQ. The intention is that all material will be updated on an on-going basis.

Vulnerable Older People's Plan

18. The Government has launched a consultation on their proposals for a Vulnerable Older People's Plan (VOPP), and Jeremy Hunt wrote to Carolyn Downs expressing his intention to engage local government in this. We subsequently supported the DoH in organising a roundtable discussion between Norman Lamb and LGA and ADASS representatives, along with the Social Care Institute for Excellence and NHSE. The roundtable was on 19 August and was jointly chaired by Geoff Alltimes and Sarah Norman.

19. The key policy proposals within the VOPP are as follows:

19.1. Better early diagnosis and support to stay healthy.

19.2. A named accountable clinician.

19.3. Improved GP access.

19.4. Consistent and safe out of hours services.

19.5. Enhanced choice and control for patients and users of services.

19.6. Better information sharing between health and social care services.

20. The overall feedback from local government representative was broadly supportive. The conversation largely focussed on the Integration Transformation Fund and the wider integrated care agenda. There was also broad support for suggestions around the need for the introduction of simple tests for frailty and individual ownership of personal care records subject to clear rules and clarity on safeguarding issues. We will be drafting and submitting a formal response in due course.

Health and Wellbeing System Improvement Programme and Partnership

21. HWB are a crucial part of the new health landscape. As the drivers of local system leadership they will provide an unprecedented opportunity to bring together local government and health services to improve health and wellbeing outcomes. This leadership is required to ensure that the totality of public resources are brought together to address the shared priorities for health improvement.

22. The LGA's work to support HWBs in their leadership role is focused on:

22.1. Influencing and supporting the integration of health and care along with other services.

22.2. Supporting HWBs to develop their leadership capacity.

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- 22.3. Working with national partners to develop a joint approach to leadership at a national and local level.
23. A Leadership Group has been established to champion the identification and sharing of innovation and best practice. Chaired by Daniel Goodwin, the Group has positively moved the partnership forward in clear, practical ways.
24. Caroline Tapster is now in post as the Director of Health and Systems Improvement Programme and she has written to all HWB Chairs, lead Chief Executives and Directors of Public Health. Her priority is to get out and meet HWB Chairs and lead Chief Executives to promote the partnership, listen to the issues and capture live learning.
25. A good deal of work has already been done as part of the programme. There have been two 'sharing learning' events (co-designed with NHSE) with 200 attendees, and three pilot Health and Wellbeing Peer Challenges – with a further 17 peer challenges planned. A prospectus detailing the support offer has been produced and a monthly newsletter capturing news stories and activities from HWB has been launched. And a web-based self-assessment tool (as an alternative offer to peer challenge) is being developed and should be launched in September.
26. The integration agenda is a great lever for HWBs to really step up to the challenge of, and be confident in, their system leadership role. A specific focus on integration is therefore being woven into the work outlined above.