Leeds CITY COUNCIL

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Report of Director of Adult Social Services

Report to Scrutiny Board (Health and Wellbeing and Adult Social Care)

Date: 29 February 2012

Subject: Health and Social Care Service Integration: An Overview

Are specific electoral Wards affected? **If relevant, name(s) of Ward(s):**	☐ Yes	☒ **No**
Are there implications for equality and diversity and cohesion and integration?	☒ **Yes**	☐ **No**
Is the decision eligible for Call-In?	☐ **Yes**	☒ **No**
Does the report contain confidential or exempt information? If relevant, Access to Information Procedure Rule number: Appendix number:	☐ Yes	☒ **No**

Summary of main issues

This report provides an overview of the principal integration initiatives currently underway between Leeds City Council Adult Social Services and colleagues from the NHS family of organisations in the City, Leeds Community Health (LCH) and Leeds Partnership Foundation Trust (LPFT). The report highlights the further range of opportunities for closer commissioning relationships with the current Airedale, Bradford and Leeds Primary Care Trust (LPCT) and the the Leeds Clinical Commissioning Groups (CCGs) who are likely to succeed the LPCT in fulfilling NHS commissioning responsibilities subject to the passing of primary legislation during the course of this year.

The report points to the latest national policy initiatives and research[1] which provide the rationale for seeking to develop partnerships up to and including fully integrated service delivery models. The report highlights the need for robust governance systems and structures to be put into place so that the Local Authority and it's NHS partners can be assured that their statutory accountabilities can continue to be legally discharged with appropriate democratic accountability and oversight.

Finally, the report seeks to draw together themes from companion reports to be presented today which provide detailed information on each of the current initiatives underway in the City.

[1] Appendix 1 - Nuffield/Kings Fund submission to the national future forum

Recommendations

Members of Health, Well-being and adult Social Care Scrutiny Board are recommended to note the content of this report.

1.0 Purpose of this report

1.1 This report provides an overview of the principal integration initiatives currently underway between Leeds City Council Adult Social Services and colleagues from the NHS family of organisations in the City, Leeds Community Health (LCH) and Leeds Partnership Foundation Trust (LPFT). The report highlights the further range of opportunities for closer commissioning relationships with the current Airedale, Bradford and Leeds Primary Care Trust (LPCT) and the the Leeds Clinical Commissioning Groups (CCGs) who are likely to succeed the LPCT in fulfilling NHS commissioning responsibilities subject to the passing of primary legislation during the course of this year.

1.2 This report seeks to draw together themes from companion reports to be presented today which provide detailed information on each of the current initiatives underway in the City.

2.0 Background information

2.1 The case for the closer integration of Health and social care services has most recently been set out in the context of the Governments proposals for the redesign of health and social care services in England and Wales. In it's submission to the 'Future Forum' established by the Government to inform and influence the proposed changes, (and presented in full as Appendix 1) the Nuffield Institute and Kings Fund joint report suggested the following:

"The ageing population and increased prevalence of chronic diseases require a strong re- orientation away from the current emphasis on acute care towards prevention, self-care, more consistent standards of primary care, and care that is well co-ordinated and integrated.

This is a message recognised by most western developed nations, which are all seeking through different means to bring about a significant shift in the balance of where care is provided. In England, we know that standards of care for frail people with complex conditions are not always as they should be. Numerous reports have pointed to the need for significant improvements in care to frail older people that is better co-ordinated, of higher quality, and assures dignity and compassion (eg, Care Quality Commission 2011; Equality and Human Rights Commission 2011).

This lack of joined-up care has been described by National Voices as a huge frustration for patients, service users and carers. They add that: 'achieving integrated care would be the biggest contribution that health and social care services could make to improving quality and safety' (National Voices 2011)."

2.3 The principle of integration is not new, the integration of many Health and Social Care functions has been a stated policy objective of successive governments. This has varied from the provision of financial stimuli designed, for example, to facilitate

more speedy hospital discharge for patients requiring health and social care interventions post discharge, and amendments to primary legislation to allow the pooling of budgets between Local Authorities and Health organisations (Health Act 2006).

2.4 Although there is no statutory definition of 'Integration', guidance offered by the Department of Health suggests that there are 5 principle types ranging from 'informal' to 'statutory'. The broad typologies are set out below:

- *Relative Autonomy - the co-ordination of activity exists but is informal*
- *Co-Ordination - some co-ordination in relation to a joint strategy*
- *Joint appointments - Key co-ordination posts are jointly appointed, teams collaborate but are not integrated/combined*
- *Enhanced Partnership - shared strategy and integration across most functions, senior and middle tier joint appointments but separate legal entities are preserved*
- *Structural Integration - a single integrated legal entity.*

2.5 Nationwide (England and Wales) there are only a very small number of Authorities which have achieved structural integration in the areas of service under consideration in Leeds. The most frequently exampled is Torbay and the most recent to announce a large scale integration initiative is Staffordshire with more than 600 Local Authority staff joining a new organisational unit alongside their health service colleagues.

2.6 In Leeds various models of integrated service delivery have existed over a number of years. In learning disability services for example, a pooled budget and integrated commissioning and care management teams have operated (using a pooled fund arrangement managed under S75 of the 2006 Health Act) for the past 14 years. The joint Leeds Equipment Service has operated under a similar arrangement for the previous 7 years. Parallel arrangements exist for the Local Authority to discharge elements of some NHS functions, for example the administration of monies provided for the support of carers (an arrangement managed under S256 of the 2006 Health Act).

2.7 It is also true to say that other partnership arrangements have also developed without the use of Health Act flexibilities or pooled fund arrangements. Two examples of this work would be the joint (Leeds City Council/ LPFT) Community Mental Health teams which have operated in the City for the past 13 years and the Joint Care Management Teams for older people (LCC/LCH) that have operated for the previous 10 years). In these examples Leeds City Council employees work alongside colleagues employed by NHS organisations within a single management structure but with separate budgetary accountability and professional leadership.

2.8 Over the last several months it has become apparent that the less formal partnership arrangements offer enormous potential to be developed into more formal partnerships and that other pathways of care offered similar opportunities for the creation of productive partnerships aimed at providing significantly better patient experience and removing unnecessary duplication, thereby creating efficiencies within the whole system of care.

2.9 Other reports to be considered on this agenda highlight these initiatives specifically in relation to adult mental health services and elements of intermediate care services for older people including the establishment of a joint intermediate nursing care facility to be staffed by both NHS and Local Authority employees for the purpose of diverting people from acute care.

3.0 Main issues

3.1 The theme of all the reports under consideration today is that the integration of Health and Social Care services reflects a desire on behalf of people who need to use such services for the care that they receive to be seamless, regardless of which organisation or professional background of the person who co-ordinates or provides that care. Responding to this desire, National policy initiatives such as the 2000 National Framework for Older People, introduced the concept of a 'Single Assessment Process' (SAP), this envisaged the ability of a wide group of Health and Social Care professionals having the potential to assess, arrange and co-ordinate care for older people.

3.2 National policy initiatives recognised that as well as providing a better experience for people needing to access such services, more seamless delivery held the potential to deliver organisational efficiencies in terms of stripping out needless duplication and, potentially, streamlining back office functions.

3.3 In Leeds there are specific issues which more integrated service models, pathways of care and organisational arrangements will help to address. As well as improving peoples experience and reducing duplication, the proposals set out in other reports to be considered today, also seek to reduce the use of acute hospital services (in relation to both physical and mental health). For adult social services, reducing the need for people to access such acute services will help to prolong their independence and also has important and beneficial financial consequences by reducing the volume of people, or the length of time spent by people requiring long term care following acute hospital care.

3.4 It is however important to recognise the scale on which the proposed integration models are being planned. Few if any, templates exist from other Metropolitan Authorities of integration initiatives undertaken across such broad areas of service delivery, the undertaking is therefore ambitious in it's scope. This also means that invention and innovation in the design of new services, pathways and governance models will be essential. The companion reports presented today set out the current proposals in relation to the three design features.

3.5 Clearly, the governance models deployed for integrated services, particularly those provided within integrated organisational structures, need to ensure clarity of accountability and responsibility for the service and take due account of the fundamental requirement for democratic oversight and scrutiny. It is in this regard that both the Health & Wellbeing Board and the Health, Wellbeing & Adult Social Care Scrutiny Board may wish to keep this particular feature of all the integration initiatives under review as part of it's work programme.

4.0 Corporate Considerations

4.1 Consultation and Engagement

4.1.1 Significant consultation has taken place and will continue to take place with Leeds people with regard to the ways in which their health and social care services are shaped and provided. Significant consultation has and will also take place with all key stakeholders with regard to the most appropriate legally constituted organisational structure best equipped to deliver those redesigned services.

4.1.2 It is equally important that all stakeholders, particularly people needing to avail themselves of the new models of care and the staff who will deliver them, are most closely engaged in their development and implementation. This engagement will be a significant feature of the integration planning and is reflected in the companion reports presented today.

4.2 Equality and Diversity / Cohesion and Integration

4.2.1 Major service or organisational changes resulting from the desire to integrate across health and social care provision will be subject to Equality impact screening and, where required, impact assessment.

4.3 Council Policies and City Priorities

4.3.1 As previously described, the closer integration of health and social care services is central to the delivery of many of the health and wellbeing targets for the City, particularly those designed to reduce the use of acute and long term care venues for people with long term health conditions.

4.3.2 As explained in para 3.4, there are significant potential implications and opportunities in relation to the future role to be played by the Health and Wellbeing Board in relation to providing strategic democratic direction and performance assurance of integrated services and pathways.

4.3.3 Finally, the scale of the ambition of this undertaking in Leeds accompanied by the innovation and imagination required to secure it's delivery will place the City at the forefront of Authorities and contribute significantly to the ambition of the Council to be the best in England and Wales.

4.4 Resources and Value for Money

4.4.1 There are two significant resource implications contained in the reports under consideration today. Firstly, it is the case that the large scale reconfiguration of pathways of care and organisational structures requires significant programme and project management resource. The companion report presented today setting out the work of the Health and Social Care transformation programme, contextualises how that resource is currently deployed and how it will need to be augmented in the future to deliver the transformation priorities.

4.4.2 Adequately resourcing the programme and project management capacity across health and social care in the short term (using non-recurrent funding), provides the greatest chance of securing the long term benefits of more integrated delivery namely, significantly reduced duplication across health and social care services, smoother and more efficient business processes, more shared back office functions especially data and client record systems.

4.4.3 These resource efficiencies would be delivered alongside those (to which previous reference has been made) brought about by shifting the focus of the activity of the system away from acute care and into self management and primary prevention.

4.5 Legal Implications, Access to Information and Call In

4.5.1 Para 3.5 makes reference to the governance challenges which will need to be addressed to ensure integrated models of care, pathways and organisational structures fulfil the statutory responsibilities of those organisations who will be party to their implementation. These arrangements will continue to need to be formal and robust so that each party is confident that improved outcomes are being achieved alongside the anticipated efficiencies.

4.5.2 In many instances, the governance requirements will be relatively simple to implement (such as those currently enjoyed by the joint commissioning service for people with learning disabilities), however, others will require careful working through to ensure that the interests of all parties to such agreements are appropriately and adequately reflected.

4.6 Risk Management

4.6.1 Clearly there are risks involved in seeking to implement whole system change, the companion reports presented today provide an overview of both the risk appetite and mitigation strategies that have been put into place already to manage service transition.

5.0 Conclusions

5.1 This report sets out the basic tenets of integration, namely that it is desired by people who may need to use health and social care services by virtue of their circumstances or condition and who experience a confusing series of 'hand offs' between different organisations and professional groups. People in this predicament clearly see no good reason for this and would prefer less disjointed service responses.

5.2 From the perspective of health and social care organisations in responding to the citizen and patient voice, significant opportunities are created to generate more efficient and more effective ways of providing and delivering a range of health and social care interventions designed to reduce the use of acute and long term care.

6.0 Recommendations

6.1 Members of the Health, Wellbeing and Adult Social Care Scrutiny Board are recommended to note the content of this report and the other specific companion reports which appear on the agenda today and which deal with the current service

change proposals currently in development between Health and Social Care organisations.

7.0 Background documents

A report to the Department of Health and the NHS Future Forum – "Integrated care for patients and populations: Improving outcomes by working together" Kings Fund/ Nuffield Institute – January 2012. (presented as Appendix 1)

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