

Subject:	Local Health & Social Care Integration		
Date of Meeting:	8 December 2016		
Report of:	Chief Executive		
Contact Officer:	Name:	Geoff Raw	Tel: 291132
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Ward(s) affected:	All		

FOR GENERAL RELEASE

1. PURPOSE OF REPORT AND POLICY CONTEXT

- 1.1 This report sets out a recommended approach to guide council officers in working towards integrated health and adult social care including joint financial planning and integrated service commissioning with the city's health partners.

2. RECOMMENDATIONS:

That the committee:

- 2.1 Affirms the general principle of integrating health and adult social care services in the city and the strategic objectives set out in paragraph 3.10 of this report;
- 2.2 Agrees that the Executive Director of Health & Adult Social Care along with the Executive Directors for Finance & Resources and also Families, Children & Learning, work with the Chief Operating Officer and Chief Finance Officer of the Clinical Commissioning Group (CCG) and other health partners to undertake joint financial planning to 2020 and develop an integrated service commissioning framework;
- 2.3 Agrees that a review of governance be undertaken by the Executive Lead Officer for Strategy, Governance and Law to support the work of the city's Health & Wellbeing Board (HWB) and Health Overview Scrutiny Committee (HOSC) in providing public engagement, oversight and scrutiny;
- 2.4 Agrees that the resulting strategic policy and financial implications of integrated health and adult social care service proposals in the city, be reported back to PR&G Committee and referred to the Health & Wellbeing Board. This work will also report to the CCG Clinical Strategy Committee

3. CONTEXT/ BACKGROUND INFORMATION

- 3.1 The council's public health and adult social care strategies are currently set out in the:

- Brighton & Hove Joint Health & Wellbeing Strategy (JHWS) 2015 where the identified priorities are: Reducing Inequalities across Brighton and Hove; Safe, Healthy, Happy Children, Young People & Families; Give Every Person the Chance of Living & Ageing Well; Develop Healthy and Sustainable Communities and Neighbourhoods; and, Providing Better Care through Integrated Services. These reflect the findings of the Joint Strategic Needs Assessment and draw on the findings of the annual Public Health report (2014/15). The strategy and its priorities are delivered through a range of partnerships, commissioning arrangements and funding commitments.
- Adult Social Care Services: The Direction of Travel 2016-20 (last updated October 2015) This was presented to the HWB (25.10.15) and referenced the four year service planning being undertaken by the directorate along with the work of the Better Care programme, an element of which is to improve the service co-ordination and integration of the health and social care sector. The Direction of Travel report highlighted the need to resolve pressures on the Community Care system. It was proposed that this would include developing service commissioning in a more co-ordinated way across the council and with the CCG.

3.2 Whilst these policy and commissioning strategies aim to capture the most obvious aspects of the council's health and social care contribution to the city, our health and social care role and reach is important in other respects from providing affordable housing to supporting universal education provision.

3.3 These supportive, safeguarding and caring services are important in promoting better health and improving quality of life for our 280,000 residents. They also act as preventative services helping to stem demand for more expensive health care interventions.

The need for systemic change

3.4 Health and social care for residents of the city is provided through an extensive, diverse and often complex set of providers, funding arrangements and patient referral protocols. These enable everything from high-tech surgical and drug treatments to palliative therapies and basic personal care to be delivered. When viewed as an overall system, it is evident that there are extensive inter-dependencies enabling specialist clinicians, general practitioners, therapists and carers to provide treatment and support to the city's residents.

3.5 It is also evident that the current health system is under extreme pressure. Whilst there are particular features and histories to current issues in the city, these are not isolated to our city alone. Indeed many are common global public policy challenges. However, there is also a serious risk that similar patterns of systemic failure will emerge in our local social care services, where the council is the local accountable body and in the health service where the CCG is the local accountable body.

3.6 Health and social care has always been a challenging area of public service provision and many of the underlying factors causing the current challenges in the system are well known. They present difficult public policy and resourcing choices and include:

- A rising cohort of older people more of whom are living longer than previous generations with health and social care needs that place growing demands on financially constrained services;
- Advances in medical science and health technologies which mean that more illnesses and diseases can be treated but with the consequence of growing resource requirements including staffing, specialist expertise and treatment cost;
- Effectively channelling patients and clients to the most appropriate form of diagnosis, support and care that most efficiently deliver the best societal health outcomes;
- Determining the most appropriate allocation of resources across: ill-health and care need prevention; primary and social care management; palliative care; and, secondary care intervention that optimise health and well-being outcomes.

What role should the council adopt?

3.7 Formal democratic accountability for health and social care services in the city is largely split between the:

- Secretary of State for Health, through NHS England in relation to secondary health care directly through the Boards of hospital trusts and indirectly through, the Board of the Clinical Commissioning Group. Health services are regulated by the Care Quality Commission which in turn is accountable to Parliament and the Secretary of State for Health.
- Brighton & Hove City Council for its social care, public health and supported housing services. Social care homes and public health services are subject to statutory frameworks and national service standards overseen by the Care Quality Commission, the Office for Standards in Education, Children's Services and Skills (OFSTED) and Public Health England (PHE). PHE is an executive agency of the Department of Health.

3.8 As the local democratic body, the council is entitled to take a view on the future of health and social care services for the city and also to seek to influence change beyond our current statutory service remit. The HWB already provides a collaborative partnership between health and social care policy and service commissioning leads and has opened up service strategies and spending priorities to greater public scrutiny, including that afforded by the HOSC.

3.9 There are strong financial and service reasons for the council to explore health and social care integration. Most notably this includes the challenges of a shrinking council budget against rising social care demand pressures. Health and social care integration has been a working assumption of council senior officers and CCG officials and is an area of consideration in the government's emerging Sustainability and Transformation Plans (STP). Prior to the introduction of the STP process, it had also been identified as a future topic of devolution discussion with national government reflecting the forward plan set out in the JHWS.

What strategic policy objectives should the council adopt?

- 3.10 To guide senior officers in their service and financial planning work with health sector colleagues, there are some useful objectives for Members to endorse:
1. There should remain local political oversight of strategic budget management and investment in service change;
 2. Future governance arrangements should seek to ensure that all key and relevant health and social care budget holding bodies should collectively agree budget and resource allocations;
 3. Funding for transition and change programme arrangements should be sought from NHS England through the outcome of the STP process, devolution or other such arrangements;
 4. Emerging 'Regional Accountable Body' arrangements should be subject to a process of negotiation and due diligence to ensure that local accountable and decision-making bodies are equipped with the necessary resource capacity and legal powers to provide effective place based leadership;
 5. 'Better Care' and other relevant 'modernisation' and 'transformation' programmes are combined to form an integrated, streamlined and more effective and visible service transformation and culture change programme. This will be tasked with providing a detailed and compelling 'system' model for place based integrated health and social care service provision and allocation;
 6. Section 75 and other historic agreements by which local authorities and CCGs may pool resources and delegate certain NHS and local authority health-related functions to the other partners should include a review of all partner and provider service funding and risk arrangements;
 7. A transition timetable will be agreed anticipated to be 18-36 months and subject to agreement at local and national levels.
 8. The work will duly report to the Chief Executive of the council and the Chief Accountable Officer of the CCG.

4. ANALYSIS & CONSIDERATION OF ANY ALTERNATIVE OPTIONS

- 4.1 The council could hold back from further health and social care integration planning and engagement but this is likely to have significant adverse budget, service and relationship management implications for the council with local, regional and national health agencies. The council is also likely to come under further pressure from resident, patient and other lobbying groups concerned with potential changes to secondary, primary and public health care. Without an agreed policy position the council may find itself facing an imposed model. A policy vacuum will also have an impact on the ability of officers to engage in meaningful service and financial planning with CCG and other health partner colleagues.

5. COMMUNITY ENGAGEMENT & CONSULTATION

- 5.1 This paper has been shared with the CCG. Further detailed proposals to positively engage with wider partners and local communities will be put forward to the HWB as this particular programme of work develops. Currently the CCG,

with council officer support, are engaging partners, stakeholders and community representatives in sharing the early thinking and emerging proposals with respect to local health and care integration (see Appendix 2). This may be further informed by government announcements concerning STPs.

6. CONCLUSION

- 6.1 To date, the HWB has been setting the future direction of travel for health and care integration. Key partners, including the council, now need to move into a more detailed service planning and resourcing phase, clearly defining priorities, efficiencies and service improvements. The advent of the STP and its implications for health care in the city has accelerated the need to integrate further and to enable local public scrutiny of proposed and emerging solutions.

7. FINANCIAL & OTHER IMPLICATIONS:

Financial Implications:

- 7.1 There are potentially wide ranging financial implications to both, Brighton & Hove City Council and Brighton & Hove CCG as well as health and social care providers across the city as a result of integration of health and social care services.

There is provision for local authorities and health organisations to integrate through section 75 of the national health service act 2006 this gives powers to local authorities and NHS bodies to enter into 'prescribed arrangements' whereby each may take on and provide the functions of the other subject to a Section 75 Partnership Agreement being in place between the parties. It is an enabling piece of legislation which is designed to promote and facilitate greater partnership working across health and social care services. Under an S75 Partnership Agreement different types of partnership are possible, including Pooled budgets, Lead commissioning and Integrated provision.

Brighton & Hove City council's 2016/17 net budget for the provision of Adult Social Care is £78.933m. In addition there is a public health ring fenced grant of £21.140m.

There are a number of issues that will need to be resolved, such as:

- Financial governance of any pooled funding and partner bodies
- Financial risk sharing agreements, including treatment of budget overspends and potential use of any surpluses.
- Scope of services and budget contributions
- Treatment of VAT
- Potential change of taxable person
- Contracting & Procurement arrangements

Lead Finance Officer: David Ellis Date: 29 November 2016

Legal Implications:

- 7.2 The proposals in this report will assist the Council in shaping the arrangements for the delivery of adult social care and health services in the City. They are consistent with the Council's legal powers and duties as a social services and public health authority as well as the general power of competence.
- 7.3 The current governance arrangements, through the Health & Wellbeing Board, have helped in moving more towards a system leadership, However, they are inadequate to deal with and reflect the full range of challenges and opportunities presented through the Sustainable Transformation Plan and the increasing service and financial pressures. The proposals in the report will assist the Council in developing appropriate governance arrangements and maintaining democratic oversight.

Lawyer Consulted: Abraham Ghebre-Ghiorghis Date: 17 November 2016

Equalities Implications:

- 7.4 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 including undertaking Equality Impact Assessments.

Sustainability Implications:

- 7.5 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.

SUPPORTING DOCUMENTATION

Appendices:

None

Documents in Members' Rooms

None

Background Documents

- Health & Wellbeing Strategy, 2015 [http://present.brighton-hove.gov.uk/Published/C00000826/M00005746/AI00049010/\\$20151204150751_008319_0034662_AppendixoneJHWS.docA.ps.pdf](http://present.brighton-hove.gov.uk/Published/C00000826/M00005746/AI00049010/$20151204150751_008319_0034662_AppendixoneJHWS.docA.ps.pdf)
- Adult Social Care Services: 'The Direction of Travel 2016-20', HWB Report 20 October 2015.
- Brighton & Hove Caring Together – A plan for delivering sustainable health and social care services by 2020, Community Engagement Presentation Oct 2016.

