Agenda

Item No

Southend Health & Wellbeing Board

Joint Report of

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to

Health & Wellbeing Board

on

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For discussion	X	For information only		Approval required	X

Integrated Community Health and Social Care Services – the next steps

Part 1 (Public Agenda Item)

1 Purpose of Report

The purpose of this report is to provide Health & Wellbeing Board (HWB) with an update regarding community health and social care integration and to request approval from HWB to explore the opportunities to further integrate community health and social care services.

2 Recommendations

HWB are asked to;

2.1 Approve the commissioning of a joint report by Southend on Sea Borough Council (SBC), Southend Clinical Commissioning Group (SCCG) and Southend Public Health, that explores the community health and social care integration opportunities, evaluates the options and makes a recommendation for consideration and approval.

3 Background

3.1 A number of factors, at a national level, are driving the move towards integrated care provision. Published in October 2014 by NHS England, The NHS five Year forward view (5YFV) sets out a positive vision for the future based around integrated service provision and new models of care.

3.2 The new models of care outlined in the 5YFW suggest that primary care consolidate into localities and expand to bring together health and social care

professionals from across a system to provide integrated out-of-hospital care, based in the community.

3.3 To support the 5YFV approach the Essex Success Regime (ESR) has highlighted the requirement for health and care economies to join up and address problems systematically, rather than in isolation. Whilst the direction of travel for ESR is focused on acute service reconfiguration there is an underlying assumption that community based integrated health and social care will provide the platform for the changes required within the acute services.

3.4 At a local level Southend has been recognised nationally as one of eleven local areas to be awarded status as an integrated pioneer programme. This has allowed us to make strategic and operational change to our community health and social care services, at pace, which is now delivering planned outcomes to patients and residents within the borough of Southend.

4 Successes in Southend

4.1 There are many examples that evidence the success of integration in Southend. Since achieving the status of integrated pioneer programme some of these include;

4.1.1 *Data sharing*. It is well recognised in Southend that accurate commissioning, case finding and risk stratification for integrated health and social care services forms the platform for an integrated service provision. During the early history of the Pioneer programme Southend led a workstream to ensure that data across health and social care could be linked and shared.

4.1.2 *Better Care Fund (BCF)*. For the previous 3 years Southend has been required to draft and submit a BCF plan which outlines the local plans for integration. Each organisation contributes resource to a pooled fund which is spent on joined up health and social care services aimed at reducing unavoidable admissions, reducing delays in transfers of care and protecting social services. Southend has a successful track record in delivering plans for BCF and remains well placed for the 2017 – 19 plannig round.

4.1.3 *Transforming Care Partnership*. A pan Essex partnership has been formed to develop a plan that will change local services in a way that will make a real difference to the lives of children, young people and adults with a learning disability and / or autism who display challenging behaviour, including those with a mental health condition. Our plans will include things like improving community services so that people can live near their family and friends, and making sure that the right staff with the right skills are in place to support and care for people with a learning disability. Our plans will be a ‘living’ document which will continue to be developed in partnership with the service users, their friends, family and carers as well as charities and other groups.

4.1.4 *Integrated commissioning team*. In April 2015 an integrated commissioning team was formed from resource from both SBC and SCCG. The team are responsible for health and social care services in Southend for adults, the elderly and frail, mental health, dementia and childrens. Commissioned services include Child and Adolescent Mental Health Services (CAMHS) and a complex care co-ordination service.

4.1.5 *Locality approach*. In May 2016 it was jointly agreed that 4 localities would be formed across Southend and that the locality would be the central place where integrated health and social care interventions are delivered and co-ordinated. This represents a shift away from hospital centric care into community based delivery through all system partners working in a collaborative and integrated way.

4.1.6 *Single Point of Referral (SPoR) co-location with Southend Access.* In July 2016 the SPoR and the Access team co-located at SBC to ensure that professionals who were referring patients into a health and social care system had the opportunity to refer through a single front door. Phase 1 of the project included co-locating two well established health and social care teams into one team. Working in partnership with our providers Phase 2 includes a review of activity and a redesign of service specification.

4.1.7 *Complex Care co-ordination service*. In January 2017 a complex care service commenced operations which would co-ordinate existing community based health and social care services around an individual with complex needs. New resource has begun to work with patients in southend to ensure that the support and care patients receive is integrated and seamless.

4.1.8 *Mental Health strategy and dementia services*. Mental Health services face significant demand in Southend which is forecast to increase. An Essex wide (including Southend and Thurrock) Mental Health strategy has recently been agreed, this strategy provides the direction for mental health services and the challenge to develop a Southend specific implementation plan will now be addressed. Strategically, dementia services for Southend have recently been remodelled following a period of staff and community engagement and will now incorporate an enhanced service that is fully integrated within existing health, social care and community assets. From a performance perspective SCCG is historically and continues to be top of the league for East of England CCGs when diagnosing dementia.

5 The opportunity

5.1 Set within the national context, the 5YFV and ESR has presented Southend with the opportunity to consider and explore the community health and social care opportunities that exist for the borough.

5.2 The experience Southend has at a local level in funding and operating community integrated health and social care services places Southend in an ideal position to consider and explore the options available to further integrate our health and social care systems.

5.3 Due to the ESR and the acute reconfiguration required the opportunity is considered to be services related to community based health and social care, that would include, but not limit to; adults, older people, mental health and learning disability and children services.

5.4 With our local knowledge aligned to nationally recognised integration reports and studies the unrealised opportunity to further integrated community health and social care services could deliver greater outcomes for the people of Southend that centre around the areas listed below;

5.4.1 Greater consistency in decision making;

5.4.2 Non elective admission avoidance;

5.4.3 Discharge planning;

5.4.4 Recruitment, retention and skill mix; and

5.4.5 Community health and social care

5.5 The next steps would include consultation with health and social care providers in Southend that would inlcude the Southend University Hospitals NHS Trust (SUHFT), South Essex Partnerships NHS Trust (SEPT) and the Local Authority Trading Company (LATC).

6 Health & Wellbeing Board Priorities / Added Value

Realising further integration opportunities contributes to delivering HWB Strategy ambitions in the following ways

6.1 Ambition 5 – Living Independently; through the promotion of prevention and engagement with residents, patients and staff integration will actively support individuals living independently.

6.2 Ambition 6 – Active and healthy ageing; through engaging and integrating health and social services within the community the services will be aligned to assisting individuals to age healthily and actively; and

6.3 Ambition 9 – Maximising opportunity; integration is the drive to improve and integrate health and social services. Through initiatives within the approach we will empower staff to personalize the integrated care individuals receive and residents to have a say in the care they receive.

7 Reasons for Recommendations

7.1 As part of its governance role, HWB has oversight of integration.

8 Financial / Resource Implications

8.1 None at this stage

9 Legal Implications

9.1 None at this stage

10 Equality & Diversity

10.1 Integration should result in more efficient and effective provision for vulnerable people of all ages.

HWB Strategy Ambitions

Ambition 1. A positive start in life A. Children in care | B. Education- Narrow the gap | C. Young carers | D. Children's mental wellbeing | E. Teen pregnancy | F. Troubled families	**Ambition 2. Promoting healthy lifestyles** A. Tobacco – reducing use | B. Healthy weight | C. Substance & Alcohol misuse	**Ambition 3. Improving mental wellbeing** A. Holistic: Mental/physical | B. Early intervention | C. Suicide prevention/self-harm | D. Support parents/postnatal
Ambition 4. A safer population A. Safeguarding children and vulnerable adults | B. Domestic abuse | C. Tackling Unintentional injuries among under 15s	**Ambition 5. Living independently** A. Personalised budgets | B. Enabling community living |C. Appropriate accommodation | D. Personal involvement in care | E. Reablement | F. Supported to live independently for longer	**Ambition 6. Active and healthy ageing** A. Integrated health & social care services | B. Reducing isolation | C. Physical & mental wellbeing | D. Long Term conditions– support | E. Personalisation/ Empowerment
Ambition 7. Protecting health A. Increased screening | B. Increased immunisations | C. Infection control | D. Severe weather plans in place | E. Improving food hygiene	**Ambition 8. Housing** A. Partnership approach to; Tackle homelessness | B. Deliver health, care & housing in a more joined up way | C. Adequate affordable housing | D. Adequate specialist housing | E. Strategic understanding of stock and distribution	**Ambition 9. Maximising opportunity** A. Population vs. Organisational based provision | B. Joint commissioning and Integration | C. Tackling health inequality (improved access to services) | D. Opportunities to thrive; Education, Employment