

# Southend Health & Wellbeing Board

Joint Report of  
Simon Leftley, Deputy Chief Executive (People), Southend Borough  
Council;  
Ian Stidston, Interim Accountable Officer, Southend CCG  
Dr Andrea Atherton, Director of Public Health, Southend Borough Council

to  
**Health & Wellbeing Board**  
on  
**22 March 2017**

Report prepared by:  
Nick Faint BCF Programme Lead

For discussion		For information only	<input checked="" type="checkbox"/>	Approval required	
----------------	--	----------------------	-------------------------------------	-------------------	--

---

## Health & Social Care Integration – the next steps

Part 1 (Public Agenda Item)

---

### 1 Purpose of Report

The purpose of this report is to;

- 1.1 provide Health & Wellbeing Board (HWB) members with an update to the report; 'Integrated Community Health and Social Care Services – the next steps' (at appendix 1); and
- 1.2 provide greater detail in terms of what the opportunities might be in preparation for the options appraisal approved by HWB on 1<sup>st</sup> February 2017, as requested in the paper at Appendix 1.

### 2 Recommendations

HWB are asked to;

- 2.1 note the contents of this report;

### 3 Background

- 3.1 A number of factors at a national level, regional and local level are driving the move towards integrated care provision. These are summarised at Appendix 1.

Agenda

Item N

- 3.2 January 2017 onwards forms a logical point at which to consider potential opportunities for enhanced integration. In December 2016 SCCG and CPR agreed a two-year contract, commencing in April 2017, with the incumbent community health service provider but with a six-month notice period; thus we have the advantages of a stable contract to manage combined with greater flexibility and leverage to make change.
- 3.3 Proposals in relation to the commissioning of Primary Care which will see SCCG move to fully delegated co-commissioning on 1<sup>st</sup> April 2017 were recently passed by SCCG whilst CPR are already fully delegated.
- 3.4 Since HWB on 1<sup>st</sup> February 2017 and the approval of the paper at Appendix 1, CPR and SCCG have become closer aligned in both direction and organisational form. It has, therefore, become apparent that greater consideration needs to be given to the engagement of CPR in this process.

## **4 Successes and opportunities for South East Essex (SEE)**

### *Successes*

- 4.1 There are many examples that evidence the success of integration in Southend and across SEE, these include; data sharing; Better Care Fund; Transforming Care Partnership; an integrated commissioning team; Complex Care Co-ordination Service; the Locality approach; Mental Health strategy; and the Single Point of Referral. Each of these are summarised at Appendix 1.

### *Opportunities*

- 4.2 To support NHS England's 5 Year Forward View approach the Essex Success Regime (ESR) has highlighted the requirement for local 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.
- 4.3 There have been many national studies carried out by numerous organisations examining the opportunities for local health and social care systems to integrate their services. The studies have reviewed the opportunities from patient, economic, financial and organisational perspectives.
- 4.4 With the planned closer working between SCCG, CPR and SBC it is imperative that key stakeholders are fully engaged in realising any potential opportunities. Whilst CPR have, to this point, not been fully engaged in the process an opportunity now exists for CPR to become more so.
- 4.5 The summary of opportunities below in table 1 are intended to represent examples of how patients and organisations might benefit from a greater integrated SEE health and social care system. The list highlights a few key areas but is by no means an exhaustive list;

Table 1: Summary of opportunities

Area	Potential Opportunity	Example
<b>Admission Avoidance</b> (in support of prevention and independence)	Process to support a system in avoiding unnecessary admissions to both hospital and care homes. This could include closer working relationships with intermediate care, Falls prevention services, long terms conditions management, complex care co-ordination, loneliness services etc.	A multi-professional front-door team at A&E of East Lancashire Hospitals NHS Trust consisting of District nursing, Social services staff, Step-up and Step-down pathways, occupational therapy and physiotherapy deflected 100 to 120 admissions per month in 2015, plus a similar number from their equivalent Acute Medical Unit.
<b>Discharge from Hospital</b> (to avoid unnecessary residential placements and support hospital flow)	Process for residential care placement involves active discussion of all potential options at an MDT – not just scheduling	An integrated MDT model in Kent delivered a 36% reduction in short-term bed placements and 34 in long-term bed placements by reviewing and assessing patients discharged from hospital and identifying preferable pathways that could deliver better outcomes, supporting independence and prevention and lower costs.
<b>Avoiding unnecessary health and social care services</b>	Through closer integrated working and alignment of contracting opportunities reablement and domiciliary care contracts could delivery integrated health and social care outcomes	Southend Borough council is currently re-procuring services
<b>Continuing Healthcare</b>	Integrated Procurement of Continuing Healthcare and Local Authority Beds	An integrated procurement of Continuing Healthcare and Local Authority Beds in Sunderland has resulted in the same rates being offered and at a lower rate.
<b>Workforce - nursing</b>	Review of district nurse activity and potential for service user, voluntary sector or existing care workers to undertake enhanced role as part of broader development of localities	A review of registered nurse time by the Local Government Association across five sites demonstrated that significant time was spent on low-level wounds, diabetes (e.g. insulin injections) and medication management. There is the opportunity for registered nurses to have oversight to these activities empowering the service user, their family or care workers to administer.

<b>Workforce – allied health professionals</b>	Integration of Allied Health Professionals such as Speech and Language Therapy, Occupational Therapy, Physiotherapy - with health and local authority.	Torbay health and social care system have developed a single occupational therapy service between the health and the LA. They have introduced a zone management structure which is multidisciplinary.
<b>Child Health</b>	School Nursing and Health Visitors, Children's Community Health Services and Community Paediatrics.	A recently published evidence review from Southend's Public Health Team showed that whilst reporting of outcomes across different studies is often inconsistent in the literature, positive results have been achieved for health and education integration programmes in the United States, integrating pre-school services in Canada, and interagency hubs in Australia.
<b>Integration of Public Health</b>	Closer working relationships to; (a) deliver aligned and integrated services; and (b) produce integrated health and social care data analysis	
<b>Back office</b>	Business intelligence, communications and human resources.	Successes in this regard have been reported by Monitor and NHS Improvement and featured at the Commissioning Show.
<b>Contract Strategies</b>	For local authority and health users, community equipment, wheelchairs, assistive technology, and other technology.	In Suffolk, the two CCGs went to procurement jointly with the County Council for an equipment service that went began operating in 2015. Previously the County Council had spot purchased at increasing cost. This was an opportunity for the new provider and CCG to streamline the catalogue and promote health and independence.

## 5 The agreed process

- 5.1 On 1<sup>st</sup> February 2017 Southend HWB approved the commissioning of a joint report that would explore the integration opportunities within the Southend footprint, consider the options and make a recommendation to HWB for discussion and approval. The report may also want to consider expanding the scope and boundaries to include CPR in order that any future joint (with CPR) commissioning arrangements may be considered.
- 5.2 It is important that the report produced is independent and unconflicted from any SEE organisational pressure.

- 5.3 Through BCF an application has been made for support to deliver the requested report. The application was approved. The support from BCF will be in the form of a senior resource to work with Southend to produce the report and ensure that the individual organisations aspirations and concerns are addressed through the process.
- 5.4 To drive the production of the report and work with any allocated resource from BCF it has been agreed that SCCG, CPRCCG and SBC will jointly contribute £10K to procure an independent organisation to draft the report. This will cover the production and presentation of the report for HWB to consider at an agreed date. Any shortfall will be met by the Pioneer programme.

## **6 Summary**

- 6.1 With recent changes at a national, regional and local level there is a significant opportunity for SEE health and social care system partners to consider the next steps for community health and care integration. Partners have agreed to robustly consider the opportunities and present a jointly agreed options appraisal to HWB at a date TBC during 2017.
- 6.2 This paper presents a number of examples regarding further integration and a proposal which will allow the options appraisal to be produced.

## **7 Health & Wellbeing Board Priorities / Added Value**

- 7.1 Health and Social Care integration contributes to delivering HWB Strategy Ambitions in the following ways
- 7.2 Ambition 5 – Living Independently; through the promotion of prevention and engagement with residents, patients and staff the integration will actively support individuals living independently.
- 7.3 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
- 7.4 Ambition 9 – Maximising opportunity; Integration; Southend is the drive to improve and integrate health and social services. Through initiatives within the

Southend we will empower staff to personalize the integrated care individuals receive and residents to have a say in the care they receive.

## **8 Reasons for Recommendations**

8.1 As part of its governance role, HWB has oversight for health and social care integration.

## **9 Financial / Resource Implications**

9.1 None at this stage

## **10 Legal Implications**

10.1 None at this stage

## **11 Equality & Diversity**

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

## **12 Appendices**

Appendix 1 - Health and Wellbeing Board report, dated 1<sup>st</sup> February 2017



170120 Integration  
Report\_The Next Ste

## HWB Strategy Ambitions

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