

The Integration of Health and Social Care in Central Bedfordshire

Report of:

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This report relates to a Key Decision

Purpose of this report

1. This report describes the emerging vision for the integration of health and social care in Central Bedfordshire. It sets out the approach for delivering integrated services focused around locality based integrated health and care hubs across the four localities in Central Bedfordshire.
2. To seek Executive endorsement for this approach which aims to redesign how the local population access health and care services in the future.

RECOMMENDATIONS

The Executive is asked to:

1. **endorse the emerging vision for integrating services and the continuing engagement with stakeholders;**
2. **require a further report to Executive, following consideration and involvement by the Overview and Scrutiny Committee that sets out the approach to integration; and**
3. **require a further report to Executive that details a potential delivery and investment plan for the integrated health and care hubs in Central Bedfordshire.**

Overview and Scrutiny Comments/Recommendations

3. This item has not yet been to the Social Care, Health and Housing Overview and Scrutiny Committee. It will form part of a report on our emerging approach to integration of health and care services in Central Bedfordshire to a future meeting of the Committee.

Introduction and Background

4. The Government's Spending Review in 2015 set out the requirement for local areas to produce a whole system integration plan by 2017. The Council's approach to integration was set out in the two Better Care Fund Plans 2015/16 and 2016/17 for Central Bedfordshire. The requirement to develop a more integrated approach to the delivery of health and care services was further reinforced in the call for local areas to develop a Sustainability and Transformation Plan (STP).
5. The template for the STP was set out in the NHS Planning Guidance, Delivering the Five Year Forward View (FYFV) 2016/17 – 2020/21 which focuses on the development of new models of care which support the shift of care from hospitals to settings closer to people's homes.
6. A transformation footprint for the STP has been defined locally covering Bedfordshire, Luton and Milton Keynes. STPs are a whole systems place plan which requires system leadership to develop a shared vision to reduce inequalities in health, improve the quality of care and create a sustainable health and care system. It must also cover better integration between health and social care services and have a strong focus on prevention and reflect local Health and Wellbeing strategies.
7. This requires officers to engage with partners to firm up the emerging vision for Health and Social Care integration. Officers have been working with health colleagues to develop the integrated health and social care approach. Bedfordshire Clinical Commissioning Group has submitted an application to support the delivery of two integrated health and care hubs in Central Bedfordshire.
8. The STP was submitted on 30 June 2016 and is being reviewed at a national level. The emerging priorities of the STP are set out in Appendix A. The Executive received a report on the STP at its meeting in June.
9. The concept of Integrated Health and Social Care Hubs first emerged when the Council submitted a position statement, in 2014 to the Strategic Review of Health and Care Services in Bedfordshire and Milton Keynes. The position statement set out the ambition for an integrated health and care hub in each of the four localities/Quadrants of the Council in Central Bedfordshire.

These are:

- Ivel Valley – focused on Biggleswade, Sandy and Shefford
- West Mid Beds – focused on Ampthill and Flitwick.
- Leighton Buzzard
- Chiltern Vale – focused on Dunstable and Houghton Regis

Delivering Integration

10. National guidance is anticipated to assist areas in preparing for integration. There have been a number Pioneer and Vanguard sites but unfortunately Central Bedfordshire was not successful in its application to be one of these sites. However learning from those sites is being incorporated into our planning. Of particular interest are Cheshire East and West and more locally Hertfordshire's Vanguard programme on Enhanced Care in Care Homes.
11. To deliver integration, colleagues that work in adult social care, community health services, mental health and primary care need to work more closely together to deliver joined up outcomes for local people. This is likely to include a single point of contact, co-location of staff; shared health and care records; further pooling of budgets and further joint/integrated commissioning.
12. In Central Bedfordshire, discussions are underway with SEPT Community Health Services and the BCCG around closer alignment /joint working around occupational therapy services, and, early discussions are taking place to bring together social care, community and mental health colleagues to work to a cluster of GPs in the Ivel Valley Locality. This should deliver a speedier and better coordinated access to health and care services for customers.
13. In brief, an integrated health and care hub will see the co-location of primary care, community health, mental health and social care colleagues and provide access for a range of diagnostic services and assessments. The Hubs will be structured according to local need but are likely to include:
 - Co-locating several General Practitioner Services.
 - Basic Diagnostics – phlebotomy, ultrasound scans, small plain x-ray and mobile MRI.
 - GP led Complex Care Services – Planned, Urgent, Home Care and Care Home Support.
 - Higher Volume, non-complex outpatient clinics.
 - Extended Access Primary Care Services for the locality, 7 days per week.
 - Out of hours GP services.
 - Community Nursing staff.

- Social Care and Housing staff (potentially including children's services staff).
 - Rehabilitation, Reablement/Enablement Services.
 - Community Mental Health Services.
 - Community Pharmacy.
 - Voluntary and Community Services staff.
14. The two Better Care Fund Plans (2015/16 and 2016/17) submissions under the auspices of the Health and Wellbeing Board have continued to develop the concept of the integrated health and care hubs.
 15. Given the pace of change with the advent of the STP footprint, it is timely to seek Executive approval so that officers from across the council can continue to develop integrated health and care hubs with partners. The initial discussions are focused on Chiltern Vale (Dunstable) and Ivel Valley (Biggleswade).
 16. The Council's emerging approach to integration for adults is in line with national thinking about how integration will look going forward. The current proposal, within this report, relates specifically to adults and older people. The dialogue will continue to explore opportunities for Children and Young Peoples services.
 17. The likely configuration of the integrated health and care hubs and services proposed are detailed in Appendix B.

Next Steps

18. The Council and its partners will continue to refine what services can be potentially delivered through the integrated health and care hubs and how this approach might be funded.
19. Officers will continue to work with health partners to maximise the advantages provided through procurement of community health services for 2018. In the meantime, work with health partners to begin to transform how community health services are currently provided. The delivery of the BCF Plan 2016/17 will assist in this journey towards integration.
20. Given the approach to integration is emerging, it is timely to engage with members, partners, staff, customers and other key stakeholders to further develop the vision.
21. As part of the development of the council's approach to integration it is intended to schedule a member session on integration.

Reason/s for decision

22. National policy and legislation on the delivery of health and social care services strongly emphasises the need for local integration of services and the avoidance of fragmented and isolated provision. This is further emphasised by the national strategic intent **for Sustainable Health and Social Care Services**. The response to a growing and ageing population is for local areas to establish a broader range of integrated out of hospital services closer to home. An Integrated Care Hub in each of our localities, with supporting District General Hospitals linking with their nearest localities and community hubs and offering outreach and access to out of hospital services, will contribute to meeting the challenges of demographic and financial sustainability. Hence the recommendations to Executive.

Council Priorities

23. The emerging vision for integration and the development of locality based integrated health and care hubs will contribute to the achievement of the following Council priorities:
- Enhancing your local community
 - Promote health and well-being and protect the vulnerable.

Corporate Implications

Risk Management

24. The Better Care Fund Plan includes a risk sharing agreement with the Bedfordshire Clinical Commissioning Group. This will be included in the Section 75 Agreement.

Staffing (including Trades Unions)

25. There are no specific staffing issues arising from this report at this point.

Legal Implications

26. The legal implications at this stage are centred on ensuring an appropriate governance framework is in place and in line with the Council's constitution.

Financial Implications

27. The Sustainability and Transformation Plan requires local footprints to set out how the health and care system will achieve financial balance over the next 5 years. This will subsequently form the basis of the application process to access transformational funding for 2017/18 onwards.

28. Currently, the Better Care Fund holds a pooled budget of £20.5m across Central Bedfordshire's health and social care system for 2016/17. A risk sharing agreement setting out how financial risks are shared across the whole system has been agreed.

Equalities Implications

29. Central Bedfordshire Council has a statutory duty to promote equality of opportunity, eliminate unlawful discrimination, harassment and victimisation and foster good relations in respect of nine protected characteristics; age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation. Ensuring better outcomes under CHS and HCP should be for the benefit of all residents and equality duties should be considered and embedded in the context of any joint working to avoid discrimination.

Appendices

Appendix A : Sustainability and Transformation Plan briefing

Appendix B: Proposed model for integrated health and care hubs.