



Adults and Safeguarding Committee

20 September 2018

Title	Integrated health and social care
Report of	Councillor Sachin Rajput – Committee Chairman
Wards	All
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Summary

This report provides an update on integrated working between adult social care and health in Barnet and the local progress of the Care Closer to Home programme (CC2H), which aims to move more care from hospital to primary care settings. The CC2H programme is being led locally by NHS Barnet CCG and the council, whilst forming part of the North London Sustainability and Transformation Plan (NCL STP).

Officer Recommendations

1. The Committee is asked to note the progress that has been made on the integration of health and social care.

1. PURPOSE OF REPORT

Introduction

1.1 The Adults and Safeguarding Committee has responsibility for all matters relating to adult safeguarding and adult social care. This report provides an update to the committee on local integration of health and adult social care to improve the health and wellbeing of residents.

1.2 Health and care integration in Barnet

1.2.1 A range of integrated services for adults are in place, jointly commissioned by the Council and NHS Barnet Clinical Commissioning Group (CCG):

1. Integrated Learning Disability Service

The multidisciplinary community service for people with learning disabilities, comprising specialist health and social care professionals. This includes social work, psychology, psychiatry, speech and language therapy, community nursing and physiotherapy.

2. Learning Disability Services for 10 service users (accommodation re-provision)

Lifetime funding agreement for individuals with complex learning disabilities accommodated at a residential service and the associated future planning.

3. Integrated provision of mental health services for adults of working age & older adults

Multidisciplinary services for people with needs relating to mental ill health comprising specialist health and social care professionals. This includes social workers, community psychiatric nurses and approved mental health practitioners.

4. Health & Social Care Integration (Better Care Fund)

A programme of services to deliver transformation in integrating health and social care, covered in more detail later in this report.

5. Integrated Community Equipment Service

The service providing a range of specially designed equipment available to help people live more independently and safely at home.

6. Voluntary & Community Sector Commissioning (prevention & early support)

Community services supporting people to remain independent, reduce social isolation and provide support to people to prevent or reduce deterioration.

The value of these services, excluding the Better Care Fund (BCF), is circa £11m per annum (section 1.3 of this report gives more detail on the BCF). These are overseen by the officer Joint Commissioning Executive Group (JCEG), which reports to the Health and Wellbeing Board. The services are managed through Section 75 agreements.

1.2.1 There is also a joint commissioning team in place, funded by both the Council and the Clinical Commissioning Group, responsible for commissioning social care and non - acute NHS services for adults in the borough. This team leads on commissioning social

care provision, community health services, mental health, voluntary sector and therapies.

1.3 Better Care Fund

- 1.3.1 The Better Care Fund is a programme spanning both the NHS and local government which seeks to join-up health and care services, so that people can manage their own health and wellbeing, and live independently in their communities for as long as possible.
- 1.3.2 The Council and Barnet Clinical Commissioning Group have a Better Care Fund plan with a total pooled budget of circa £24m per annum.
- 1.3.3 Barnet's Better Care Fund Plan for 2017-19 was submitted to NHS England (NHSE) in September 2017. NHSE approval of the plan was received in November 2017.
- 1.3.4 The approved plan continues the work of the vision set out in the Better Care Fund Plans 2015/16 and 2016/17.
- 1.3.5 It incorporates elements of the North London Sustainability and Transformation Plan, notably our local work on Care Closer to Home and Urgent and Emergency Care Transformation.
- 1.3.6 National BCF policy sets out that, at the local level, Clinical Commissioning Groups and Local Authorities retain the responsibility for BCF spending decisions and monitoring. Health and Wellbeing Boards are responsible, under national policy, for overseeing the strategic direction of the BCF and the delivery of better integrated care within their area. Locally the Joint Commissioning Executive Group has delegated responsibilities to oversee the delivery of the Plan and report progress to the HWB at regular intervals.
- 1.3.7 The core elements of the BCF plan are services for the frail elderly and those with long term conditions. These include the council's care quality work, prevention services, social work staffing, a dedicated integrated community team (the Barnet Integrated Locality Team) and rapid response team, seven-day hospital social work, and community health. All Better Care Fund and improved Better Care Fund schemes are monitored quarterly.
- 1.3.8 Both the core BCF and the IBCF are subject to national conditions and being measured by nationally determined metrics. For the core BCF these national conditions for 2017 - 2019 are:
 - Plans to be jointly agreed;
 - NHS contribution to adult social care is maintained in line with inflation;

- Agreement to invest in NHS commissioned out-of-hospital services, which may include 7 day services and adult social care; and
- Managing Transfers of Care

1.3.9 National Performance Metrics are reported in the following areas:

- Delayed Transfers of Care (DToC)
- Non-elective admissions
- Admissions to residential and care homes
- Effectiveness of reablement

1.3.10 The Improved Better Care Fund is additional funding given directly to local government: Locally the iBCF plan comprises:

- Market stabilisation: Increasing the minimum price paid for residential and nursing placements in borough; providing inflationary uplifts to providers.
- Supporting the NHS: Commissioning and purchasing of additional packages and hours of home care, telecare and enablement to support hospital discharge.
- Social Care Market Development: Rapid improvement work with providers, identifying opportunities to create more placements for adults with dementia and complex needs.

1.3.11 The performance metrics cover both health and social care performance, with the exception of the metric on admissions to residential and care homes. Barnet is on track to achieve its BCF performance targets for 2018/19. The rate of new admissions to residential care remained low throughout 2017/18 and outperformed the annual target. Delayed transfers of care from hospital due to social care fell significantly during 2017/18 and have been held at a low level so far in 2018/19.

1.4 Operational integration

- 1.4.1 In adult social care, social work staff work in integrated teams with the NHS in learning disability and mental health services. In older people's services, social workers are based in all hospital sites (acute and community), and work as part of ward rounds, and multi-disciplinary team care planning through the Barnet Integrated Locality Team.

1.5 NCL Sustainability and Transformation Plan

- 1.5.1 Sustainability and Transformation Plans were introduced in NHS planning guidance published in December 2015 (NHS England et al 2015). Forty-four areas were identified as the geographical 'footprints' on which the plans would be based, and final plans were due to be completed in October 2016.
- 1.5.2 STPs are mandated for NHS organisations and are seen as the unit of planning by NHS England and the Department of Health and Social Care, especially for financial

planning. Local authority involvement is not mandated for local government in the same way. Across England, local authorities are involved in each of the STPs but the nature of the relationship varies.

- 1.5.3 The five London boroughs of Barnet, Camden, Enfield, Haringey and Islington make up the North London (NCL) footprint. The partnership is made up of the five Clinical Commissioning Groups, five local authorities and 11 local NHS Trusts including Barnet's local NHS providers: Barnet, Enfield & Haringey Mental Health NHS Trust; Central London Community Healthcare (CLCH) NHS Trust and the Royal Free London NHS Foundation Trust. The NCL STP published its case for change in September 2016 and its STP Plan in June 2017.
- 1.5.4 Now known as North London Partners in Health and Care, the partnership's work to date has focused primarily upon:
- Understanding the current NCL health and care landscape, and the future ambitions of the various organisations within it and establishing system wide planning.
 - Building relationships and embedding governance for STP wide strategic planning.
 - Developing shared plans across the NCL sector to deliver improvements to health and care and delivery system efficiencies and financial benefits.
 - Engaging with patients and public to refine and improve plans and inform delivery.
 - Integrating services vertically and horizontally, at different levels. For example, at NCL level, integrated urgent care and out-of-hours (111) services are delivered across North London Partners. There are 13 cross-NCL workstreams. Local authorities have initiated a five-borough local authority funded workstream on social care, which is governed by the local authorities but also forms part of STP reporting. This is chaired by Barnet Council's Strategic Director for Adults, Communities and Health. At borough level, GP Federations are developing to support CC2H Integrated Networks (CHINs) and implement borough-based primary care. CHINs are the main STP vehicle through which neighbourhood-level health and care integration will be delivered and are explained in greater detail later in this paper.
- 1.5.5 The five local authorities in North London have been working together to identify their shared adult social care challenges and where a shared response would deliver greatest benefit to local people. Three key areas for further work in 2018 have been agreed:
- Streamline health and social care processes around the hospital by improving consistency in the social care element of the hospital discharge process.
 - Develop a sustainable social care market through building more capacity in the nursing home sector, including consideration of joint commissioning and pricing with CCGs. This has already involved direct engagement with providers on

nursing supply issue and looking at options for sector development. Further actions for this workstream include develop of a new dialogue of collaboration with the market, identifying suitable sites, providers and models of nursing care to meet the future need of the population, the develop of a care home strategy for NCL, identifying the sub-regional supply gap and outlining the preferred means of addressing this, for example re-designation, new supply etc.

- Develop a sustainable social care workforce by developing a joint approach to recruitment and retention of staff in social care, focusing on nursing and the independent sector. This includes; development of an improved career pathways for social care workers, training and development mapped to pathways to make career journeys clear, and the development of a shared recruitment portal for social care providers – similar to Devon’s ‘Proud to Care’ portal, which provides a single vehicle for the local system to promote recruitment into the sector and training.

1.6 Barnet Care Closer to Home (CC2H)

- 1.6.1 The SCL STP gives local areas responsibility for the delivery of the CC2H workstream, with the establishment of CHINs (CC2H Integrated Networks) and QISTs (Quality Improvement support teams) a core deliverable for 2017/18 and 2018/19.
- 1.6.2 It has been agreed by the Council, Barnet Clinical Commissioning Group and the Health and Wellbeing Board that the CC2H work programme will be jointly led by both the Council and Barnet Clinical Commissioning Group.
- 1.6.3 The Care Closer to Home Programme Board has joint membership and provides governance for the Programme. There are alternate chairing arrangements shared between the Council’s Strategic Director for Adults, Communities and Health, and the CCG’s Director of Care Closer to Home.
- 1.6.4 The three main elements of the CC2H programme are:
- 1.6.5 Extended GP Access. Developed and improved access to core general practice from 8am – 8pm. Following a procurement exercise, a contract award for extended access was made to the Barnet GP Federation. Extended access is now provided from three community hubs with six satellite sites. The service has been operational since April 2017 and will provide an additional 38,000 appointment slots per annum for local patients.
- 1.6.6 Quality Improvement Support Teams (QISTs). These are teams working with general practice to improve quality, reduce variation and build resilience through tailored information and analytics. Barnet CCG was successful in a bid to the NHS England Diabetes Transformation programme for money to support diabetes management in primary care and received £249k to be invested in a Diabetes-QIST, which is now live

and initially working with the Burnt Oak CHIN. The Diabetes-QIST will be used as a “prototype” for QIST development in Barnet.

- 1.6.7 Care Closer to Home Integrated Networks (CHINs). Typically covering populations of c.50,000-80,000, CHINs will be home to a number of services, providing an integrated, holistic, person-centred model of health and care. At the heart of this will be separate GP practices working in networks and over time, developing into wider multi-disciplinary teams.
- 1.6.8 The first Barnet CHIN, centred on a group of five practices in Edgware/Burnt Oak/Watling Way, went live in February 2018, with a focus on Diabetes and Paediatrics. Together these practices have a registered population of c.50,000, equating to approximately 12.5% of the Borough’s total GP registered population. The second CHIN will be centred across a group of practices in Oakleigh and East Barnet. It will focus on frailty (increased vulnerability and fragility related to the ageing process) and will go-live in October 2018. Three more CHINs are also being developed and will come on stream over the remainder of the financial year.
- 1.6.9 The council is working with the Burnt Oak CHIN to establish links between the CHIN and the services provided/supported by the Council which help residents’ physical, mental, emotional and financial wellbeing, such as:
- Burnt Oak Opportunity Support Team (BOOST): a multi-agency team with staff from JobCentre Plus, Barnet Homes, and the Council’s Benefits Service and Education and Skills Team.
 - The Council’s borough wide local area co-ordination service, which connects people to community activities and self-help.
 - A range of Neighbourhood Services for older adults including befriending, lunch clubs, health promotion, a handyperson scheme, Later Life Planning advice service, dementia advisors, and falls prevention activities.
 - Adult social care services, including information and advice available from a Care Space hub, co-located with the voluntary sector.
 - Resources and services that support self-care and self-management by Barnet’s Public Health Team.
 - Access to exercise referral and specialist prevention pathways through the Council’s leisure services.
 - Housing advice and support provided by Barnet Homes and Homeless Action in Barnet (HAB).
- 1.6.10 The Burnt Oak CHIN will be able to provide information about these services and make referrals or support people to self-refer to these services. Staff and/or volunteers from some of these services may also be available on-site at the CHIN for advice sessions. The connections between the above services and CHINs across Barnet will be formalised and strengthened over time. As the other CHINs develop, they will receive a similar offer from LBB, with tailored, local information on council-run or -supported services and help engaging with these services as they develop connections within the CHINs.

- 1.6.11 The measures above are a form of ‘social prescribing’. This is a model that is defined by NHS England as ‘a means of enabling GPs and other frontline healthcare professionals to refer people to ‘services’ in their community instead of offering only medicalised solutions’. This should have a positive impact on the patient’s health and wellbeing and in turn reduce demand on the health sector. LBB’s Public Health team are now leading on the further development of social prescribing in Barnet, mapping existing resources and exploring digital platforms to support GPs.

2 REASONS FOR RECOMMENDATIONS

- 2.1 Report requested by the Committee to provide an update on health and social care integration and Care Closer to Home.

3 ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED

- 3.1 None.

4 POST DECISION IMPLEMENTATION

- 4.1 The Care Closer to Home Programme Board will continue to lead the mobilisation of Barnet CHINs and provide progress updates to the Health and Wellbeing Board and the Adults and Safeguarding Committee as requested.

5 IMPLICATIONS OF DECISION

5.1 Corporate Priorities and Performance

- 5.1.2 The corporate plan includes the priority that ‘Health and Social Care services will be personalised and integrated, with more people supported to live longer in their own homes’. The work referred to in this report is clearly aligned to deliver this priority. The priorities of the council are also aligned to the delivery of the Health and Wellbeing Strategy.

5.2 Resources (Finance and Value for Money, Procurement, Staffing, IT, Property, Sustainability)

- 5.2.1 All programmes mentioned above are delivered through existing resources and are within agreed budgets.
- 5.2.2 The Better Care Fund is now made up of three elements: the CCG minimum contribution; the Disabled Facilities Grant; and the improved BCF (IBCF).

	2017/18 Gross Contribution	2018/19 Gross Contribution
Total Local Authority Contribution exc iBCF	£2,163,540	£2,355,949
Total iBCF Contribution	£5,372,890	£6,838,955
Total Minimum CCG Contribution	£22,736,151	£23,168,138
Total Additional CCG Contribution	£0	£0

Total BCF pooled budget	£30,272,581	£32,363,041
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5.3 Social Value

5.3.1 The Public Services (Social Value) Act 2012 requires people who commission public services to think about how they can also secure wider social, economic and environmental benefits. Before commencing a procurement process, commissioners should think about whether the services they are going to buy, or the way they are going to buy them, could secure these benefits for their area or stakeholders. The council's contract management framework oversees that contracts deliver the expected services to the expected quality for the agreed cost. Requirements for a contractor to deliver activities in line with Social Value will be monitored through this contract management process.

5.4 Legal and Constitutional References

5.4.1 The Council's Constitution (Article 7, Article 7 – Committees, Forums, Working Groups and Partnerships) sets out the responsibilities of all council Committees. The responsibilities of the Adults and Safeguarding Committee include:

- (1) Responsibility for all matters relating to vulnerable adults and adult social care.
- (2) Work with partners on the Health and Well Being Board to ensure that social care, interventions are effectively and seamlessly joined up with public health and healthcare and promote the Health and Wellbeing Strategy and its associated sub strategies.

5.5 Risk Management

5.5.1 CC2H risks are managed in accordance with Barnet's Programme Management Toolkit and Approach. They are documented in the Programme Highlight Report.

5.6 Equalities and Diversity

5.6.1 The Equality Act 2010 requires organisations exercising public functions to demonstrate that due regard has been paid to equalities in:

- Elimination of unlawful discrimination, harassment and victimisation and other conduct prohibited by the Equality Act 2010.
- Advancement of equality of opportunity between people from different groups.
- Fostering of good relations between people from different groups.

5.6.1 The Equality Act 2010 identifies the following protected characteristics: age; disability; gender reassignment; marriage and civil partnership, pregnancy and maternity; race; religion or belief; sex and sexual orientation.

5.6.2 In order to assist in meeting the duty the council will:

- Try to understand the diversity of our customers to improve our services.
- Consider the impact of our decisions on different groups to ensure they are fair.
- Mainstream equalities into business and financial planning and integrating equalities into everything we do.

- Learn more about Barnet's diverse communities by engaging with them.

This is also what we expect of our partners.

5.6.3 This is set out in the council's Equalities Policy together with our strategic Equalities Objective - as set out in the Corporate Plan - that citizens will be treated equally with understanding and respect; have equal opportunities and receive quality services provided to best value principles.

5.6.4 Progress against the performance measures we use is published on our website at: www.barnet.gov.uk/info/200041/equality_and_diversity/224/equality_and_diversity

5.7 Corporate Parenting

5.7.1 In line with Children and Social Work Act 2017, the council has a duty to consider Corporate Parenting Principles in decision-making across the council. There are no implications for Corporate Parenting in relation to this report.

5.8 Consultation and Engagement

5.8.1 LBB and the CCG jointly engage with residents about the design and implementation of CHINs. The CCG undertake other consultation and engagement activity in line with their existing channels and protocols.

5.9 Insight

5.9.1 The QISTS lead on the development of analytics and insight to inform the development of CHINs.

6 BACKGROUND PAPERS

None