

CHESHIRE EAST COUNCIL

CABINET

Date:	16 JUNE, 2008
Report of:	CHESHIRE EAST PEOPLE WORKSTREAM LEAD OFFICER
Title	SOCIAL CARE AND HEALTH INTEGRATION

1.0 Purpose of Report

- 1.1 This report seeks to make the Cabinet aware of the national and local agendas towards the integration of Social Care and Health services.
- 1.2 The report recommends the Cabinet to approve that direction of travel and to make it a fundamental design principle as People Directorate commissioning and service delivery are developed.
- 1.3 Recommendations to that effect were put before the Cheshire East Joint Committee. At its meeting on 25th March, 2008 the Joint Committee resolved to commend those recommendations to its successor body, the Cheshire East Shadow Council.

2.0 Decision Required

- 2.1 The Cheshire East Cabinet is recommended to:-
- 2.2 Support the general direction of travel towards greater integration of Social Care and Health.
- 2.3 Agree that it should be a fundamental design principle in putting together the Social Care services of the new Council.
- 2.4 Request the Chairman of the People Workstream and the Chief Executive of the Primary Care Trust to bring forward specific, detailed proposals in relation both to the commissioning and the delivery of services as and when appropriate, in pursuit of that direction of travel.

3.0 Implications for Transitional Costs

- 3.1 There are no specific implications from this decision in itself.
- 3.2 As detailed proposals are put forward the transitional cost implications, if any, will be addressed as part of them.

4.0 Background and Options

- 4.1 A push to integrate Social Care and Health services has been part of National Government policy for some time.
- 4.2 That push, for example, was prominent within '**Every Child Matters**'. A fundamental aspect of the Government's response to Lord Laming's Inquiry into the death of Victoria Climbié was that services needed to be brought together structurally to ensure their leadership and management as a single system. <http://www.everychildmatters.gov.uk>
- 4.3 That analysis was embodied in the **Children Act, 2004**. That legislation not only specified a duty of partnership, it also set out a requirement for the development of Children's Trusts. Initially attention has been focused upon the Children's Trust as a commissioning entity, but it is clear that there is a logic within that towards the integration of service delivery too.

<http://www.everychildmatters.gov.uk/strategy/guidance/>
http://www.dh.gov.uk/en/Publicationsandstatistics/Lettersandcirculars/LocalAuthorityCirculars/AllLocalAuthority/DH_4068210

- 4.4 A similar push has been apparent in Social Care services for Adults and Older People. It was made manifest, for instance, in the Green Paper, **“Independence, Wellbeing and Choice”**.
<http://www.dh.gov.uk/en/AdvanceSearchResult/index.htm?searchTerms=Independence%2C+Wellbeing+and+Choice>
- 4.5 That Green paper was followed by the White Paper, **“Our Health, Our Care, Our Say”**, which put forward some clear expectations about progress towards service integration. The White Paper championed Joint Commissioning, both as something worthwhile in itself and as an engine to drive forward service integration. <http://www.dh.gov.uk/en/Healthcare/Ourhealthourcareoursay/index.htm>
- 4.6 When the Primary Care Trusts (PCTs) of England were reorganised eighteen months ago, they were instructed to divest themselves of all their community service provision. In the event, it was realised that sudden externalisation along those lines was neither practicable nor safe, and PCTs were given more time to separate their main commissioning function from service delivery
- 4.7 Cheshire’s two PCTs have now largely consolidated since that reorganisation and, in common with all PCTs in the country, are now seeking to address the future of their services.
- 4.8 Around the country PCTs are exploring a variety of different responses to that challenge:-
- Some PCTs are interested in getting Acute provider Trusts to take over Community National Health Service provision.
 - Some are looking to establish their provision as Social Enterprises, at arm’s length from them.
 - In some situations PCTs and Local Authorities are considering the merger of their service provision. Locally, for instance, Knowsley Borough Council have already moved in that direction.
- 4.9 In the wake of the dramatic service failures in Cornwall, the Government is now interested in giving Local Authorities responsibility for the services for Adults with Learning Disabilities which are currently with the NHS. In November 2007 the Government published a Green Paper, **“Valuing People Now”** which inaugurated a consultation on that proposal.
http://www.dh.gov.uk/en/Consultations/Closedconsultations/DH_081014

5.0 Joint Commissioning

- 5.1 The two Primary Care Trusts and the County Council have been working to develop Joint Commissioning for some time. In 2006 they collectively appointed a Joint Director of Joint Commissioning, Neil Ryder.
- 5.2 The work of the Director of Joint Commissioning has been steered at officer level through a small Joint Commissioning Board which has brought together the Director of Community Services, the Director of Children’s Services and the two PCT Chief Executives.
- 5.3 The Director of Joint Commissioning has been working closely on the development of arrangements for Joint Commissioning through the Children’s Trust. He has also worked across the adult Social Care and Health system. Widespread sign-up has been achieved right across those systems to a common language and methodology of commissioning.

- 5.4 The North-West has been selected to implement and develop “**World Class Commissioning**”, a set of competencies and quality standards for commissioning. There is therefore an opportunity to extend that common approach across the NHS and Local Authority system.
<http://www.dh.gov.uk/en/Managingyourorganisation/Commissioning/Worldclasscommissioning/index.htm>
- 5.5 The Director of Joint Commissioning recently organised a workshop, the purpose of which was to share information about the range and variety of integration models which are being developed across the country.

6.0 Integrations

- 6.1 It is convenient to talk of integration, but in reality there are likely to be integrations.
- 6.2 Firstly, it is necessary to distinguish between the integration of commissioning and the integration of service provision.
- 6.3 The Children Trust arrangements which are being put into place are essentially arrangements for the integrated commissioning of children's services on a whole system basis. The Pooled Budget for services for Adults with Learning Disabilities is a different approach, but it too is an example of integrated commissioning across the Social Care and Health boundary. If integration is the agreed direction of travel in commissioning, it will be appropriate, in developing the People Directorate, to establish Joint Commissioning posts in partnership with the Primary Care Trusts.
- 6.4 Some integration of provision has already taken place. The multi-disciplinary Community Mental Health Teams which provide services to people with Mental Health problems are an example. In those teams staff who provide services both from Social Care and Health are fully integrated under single management. The opportunity exists to take the integration of service provision much further.
- 6.5 Secondly, there will be different solutions for different services. What is appropriate for Children's Services may not be entirely appropriate for services for Older People. Moreover, the integrations may not be confined just to Health and Social Care. If the new Council is committed to equipping itself with a capacity to enable it to address its responsibility to improve the health of its local population, it might want to consider the integration of NHS Public Health staff with Environment Health staff, and with staff from Trading Standards.
- 6.6 Thirdly there are integration possibilities at the logistical level too. In support of both Social Care and NHS services for adults, the County Council, the two Primary Care Trusts and parts of the NHS Acute Sector have developed an integrated approach to Single Assessment, through agreement to purchase and use a single, integrated system across the piece.

7.0 The Opportunity and The Outcomes

- 7.1 Most of these arrangements have come into being in response to national policy drivers, the availability of funding, and the leadership of particular Members and officers with a forward reaching vision.
- 7.2 The opportunity now exists, as a new Council is created, to embrace the integration agenda more comprehensively and to make that a fundamental design principle for putting People Directorate service together.
- 7.3 The Primary Care Trusts have committed themselves to bring their boundaries into line with those of the new Councils. Experience across the country shows that when there is Local Government and NHS coterminosity, and when that situation is enhanced by a common vision of the opportunities, the scope for improvement in the experience of services users is enormous.

- 7.4 The experience of service users must define the principal outcome to be secured through moving in this direction. The separation of Health and Social Care services is a fundamental fissure in the fabric of public sector provision and policy developments in that area in recent decades have been dominated by attempts around the edges to ameliorate the most negative consequences of that structural separation. There is an opportunity now to take more radical measures in pursuit of the outcome that those using services experience them as completely joined up, with no discontinuities or demarcations getting in the way of a rounded response to their needs.
- 7.5 We cannot afford to be indifferent to the outcome of cost saving. More comprehensive joint commissioning should ensure that greater value is extracted from the resources available. More comprehensive integration of provision should ensure significant economies in the costs of service delivery.

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