

CHESHIRE EAST COUNCIL

Cabinet

Date of Meeting:	2 April 2013
Report of:	Strategic Director Children, Families and Adults
Subject/Title:	Integrated Care – Progressing the ‘Connecting of Care’ between Health Partners and the Local Authority
Portfolio Holder:	Councillor Rachel Bailey, Portfolio Holder for Children and Family Services Councillor Janet Clowes, Portfolio Holder for Health and Adult Care Services

1.0 Report Summary

- 1.1 Over the next 20 years the percentage of the population over 85 years old in England is forecast to double. In Cheshire East the forecast is 82%. As a consequence there will be many more people with complex health and care needs. Alongside the severe financial constraints facing the economy, including pending reforms for the future funding of adult social care, there is a growing consensus that health and social care systems need to deliver improved value, through simultaneously improving outcomes and cost-effectiveness.
- 1.2 This report seeks to outline what steps are being taken locally to ‘connect care’ within Cheshire East across the health and social care landscape, and seeks support from Members to continue to progress efforts to commission, assess and deliver care together where it makes sense for individuals.

2.0 Decision Requested

- 2.1 To endorse the contents of this report noting progress in securing ongoing commitment to integrated care by partner organisations; and
- 2.2 Support the signing of the Memorandum of Understanding for the Integrated Care Programme with Eastern Cheshire Partnership Board (Appendix 1).

3.0 Reasons for Recommendations

- 3.1 The Health and Social Care Act 2012 radically transforms the landscape of health commissioning and delivery across the country. As a key partner in the commissioning and delivery of care support and services it is imperative that Cheshire East Council locates itself as a strong partner in maximising the opportunity to ‘connect care’ to improve outcomes for our population and to eradicate waste and inefficiency in the deployment of public resources.

4.0 Wards Affected

- 4.1 All

5.0 Local Ward Members

5.1 All

6.0 Policy Implications including - Carbon reduction & Health

- 6.1 The recommendations accord with the Council's stated objective in its three year plan to be "A Council that ensures services are delivered in the way which gives the best value for local people" and "A Council that works in partnership with others to ensure the best outcomes for local people". Additionally the recommendations are key to mobilising the Council's work on its stated priorities of "Developing affordable and sustainable local models of care for vulnerable children and adults" and "Focussing services on early intervention and prevention".

7.0 Financial Implications (Authorised by the Director of Finance and Business Services)

- 7.1 This report does not at this stage commit the Council to any further financial commitments or risks. Over time it is anticipated that integrated care, and whatever form it ultimately takes locally, will result in a reduction in the resources being spent at the highest levels of acute need, either in hospital settings, or within the statutory care provisions of the Council, with more resources being directed to support vulnerable children and adults within their local communities.
- 7.2 For the 2013/14 financial year the NHS National Commissioning Board will transfer from the NHS to Local Authorities funding to support adult social care services which have a health benefit. It is intended that local areas will determine how this investment in social care services is best used. There is a requirement of the transfer that the Local Authority will agree with its local health partners how the funding is best used within social care, and the outcomes expected from this investment. It is proposed that the Health and Wellbeing Board will be the natural place for discussions between the Board, Clinical Commissioning Groups and the Local Authority on how the funding should be spent, as part of the wider discussions on the use of their total health and care resources.
- 7.3 In Cheshire East the funding transferred from the NHS to the Local Authority is £5.2m; this is a continuation of the £3.8m transferred in 2011/12 which is committed, plus £1.4m of new money, which has been included within the budget for Adult Services.

8.0 Legal Implications (Authorised by the Borough Solicitor)

- 8.1 At this stage the Memorandum of Understanding attached at Appendix 1 does not make a financial or legal commitment.

9.0 Risk Management

- 9.1 Failure to engage in dialogue and strategic planning for integrated care will severely hamper the quality, range of care provisions, support and financial sustainability of services provided to vulnerable children and adults in Cheshire East.

10.0 Background and Options

- 10.1 The Health and Social Act 2012 radically transforms the landscape for the future commissioning and delivery of health services in Britain. Primarily it focuses upon 'modernisation' of the health service to cope with rising demand and treatment costs, the need for improvement and the state of the public finances. Provisions in the Act aim to meet these challenges by making it 'more responsive, efficient and accountable'. Key changes include: clinically led commissioning, provider regulation to support innovative services; greater voice for patients; a new focus upon public health; greater accountability locally and nationally; and streamlined arms-length bodies.

Located within the legislation is a duty upon CCGs to promote the integration of health services with health related or social care services where this would benefit individuals by improving quality or reducing inequality of outcome.

Against this backdrop is the widely acknowledged pressure upon Councils in the delivery particularly of Adult Social Care Services and the crisis in the future funding of care for the vulnerable elderly. Additionally efforts to secure strong co-ordination of services for children in need of effective early help and protection locally gives a further impetus to re-think traditional approaches to delivering health and care services.

- 10.2 Locally, Central and Eastern Primary Care Trust ceased to exist on 31 March 2013. In its place the NHS landscape is as follows:

East Clinical Commissioning Group
South and Vale Royal Clinical Commissioning Group
National Commissioning Board (including Local Area Team)
Commissioning Support Organisation (supporting CCG's across Cheshire, Warrington, Wirral)
Public Health England
Public Health in Local Government

Additionally the main providers of acute and community health services are:

Mid Cheshire Foundation Health Trust (Leighton Hospital)
East Cheshire Trust (Macclesfield Hospital and Community Health Services)
Cheshire and Wirral Partnership (mental health services provider)

Finally, the Health and Wellbeing Board is now established on a statutory footing to influence and be a key driver to effect change locally through its

Health and Wellbeing Strategy, a key strategy for identifying shared priorities and resources for tackling key health issues.

- 10.3 Over the preceding 12 month period, while Parliament was considering the draft Health and Social Care Bill, Clinical Commissioning Boards were being formed. During this period dialogue has been ongoing regarding priorities for the local CCG's and establishing a framework for working with key partners locally to implement the key provisions of the Act. (Locally the East and South CCG's received authorisation and formally came into being in law on 1 April 2013). As a consequence 2 partnership boards have now been established. These are:

Eastern Partnership Board
South and Vale Royal Partnership Board

Membership details of the Boards are attached at Appendix 1

- 10.4 Common to both Boards is a commitment to integrated care. However, how and by what means that is secured is invariably complex and dependent upon issues local to their respective communities. Notwithstanding that both Boards are now beginning to develop and shape what they mean by 'integrated care'.
- 10.5 In the Eastern Cheshire Partnership Board progress has been made in formally establishing an Integrated Care Programme Board. Attached at Appendix 1 is the Memorandum of Understanding for the Integrated Care Programme which requires formal sign up by the Council to demonstrate commitment. Additionally the draft Business Plan for the Board will follow.
- 10.6 Cabinet is asked to endorse the signing of the Memorandum of Understanding, which while not legally binding seeks to secure a commitment to a way of working across the partnership of agencies to drive forward the development of integrated care across the health and social care system.
- 10.7 Within the South and Vale Royal Partnership Board there is a similar dialogue underway examining what steps need to be taken to drive forward integration and what form it should take. At its most recent meeting workstreams were confirmed in the areas of the Transitional Care Board, Urgent Care Network and Long Term Conditions Service Delivery Group being already established and members of these groups include representatives from partner organisations.

It was agreed that these three groups should report into the Partnership Board to ensure that work is not being duplicated and to give the groups purpose and direction. Further work is underway to locate the evolving programme within the context of the Community Budget work that some of the partners have been party to in the West of the County.

11.0 Access to Information

11.1 Further information can be obtained from:

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