

HEALTH AND SOCIAL CARE INTEGRATION

Relevant Board Member(s)	Councillor Philip Corthorne
Organisation	London Borough of Hillingdon
Report author	Kevin Byrne, Administration Directorate
Papers with report	Appendix 1 – Terms of Reference

1. HEADLINE INFORMATION

Summary	At its meeting on 11 July 2013, Hillingdon's Health and Wellbeing Board agreed to consider further integration of health and social care and to appoint a Sub-Committee to take this forward. This report provides an overview of a potential approach. The first meeting, scheduled for 27 August 2013, is invited to consider and agree the approach, membership and terms of reference (attached at Appendix 1) and to provide a steer and guidance on the work programme for the Sub-Committee.
Contribution to plans and strategies	Joint Health & Wellbeing Strategy
Financial Cost	None.
Relevant Policy Overview & Scrutiny Committee	N/A
Ward(s) affected	N/A

2. RECOMMENDATIONS

That the Sub-Committee considers:

1. the approach suggested and provides a steer as to what further work would help take this forward and how it would like to operate; and
2. in particular, the draft terms of reference and membership at Appendix 1.

3. INFORMATION

Reasons for recommendations

To provide a framework for the work on integration to take place.

Supporting Information

1. At its meeting on 11 July 2013, Hillingdon's Health and Wellbeing Board agreed to establish a "task and finish" Sub-Committee to look at opportunities for wider health and social care integration.

2. The Board considered the potential of establishing a new Hillingdon bespoke vehicle to deliver this, possibly as a company limited by guarantee, with staff seconded from partner organisations rather than being directly employed by the new company. The Board did not, however, commit to any specific models and agreed that the Sub-Committee be formed to explore the potential further.
3. The Board also noted that a NHS North West London “Pioneer” bid had been developed at the cluster level for 8 borough areas. The Board did not consider this would be the best option for Hillingdon and it ran the risk of continuing to be Central NHS driven and not taking advantage of opportunities to develop a bespoke Hillingdon solution, driven by the Board itself and focused on meeting the needs of Hillingdon residents.
4. The Chancellor (at the June 2013 spending review) had announced that there would be a further £3.8bn made available to support health and social care integration. There has been no clarity yet as to how this money might be accessed within local areas or what criteria might apply.
5. Within Hillingdon, partners, including the Council, Hillingdon Clinical Commissioning Group (HCCG), Central and North West London NHS Foundation Trust (CNWL) and the voluntary and academic sector, have developed an integrated care programme (ICP). This ICP is already joining up activity and reviewing care cases across most of Hillingdon with good results.
6. The Council’s business improvement delivery programme has reviewed its approach to delivery of social care functions through its Children’s and Adult’s pathway work. New approaches to commissioning have also been developed and a category management approach taken.
7. The “Shaping a Healthier Future” proposals and the “Hillingdon Out of Hospital Strategy” also provide foundations to consider integration at Borough level.

Possible Approach

8. Further research can be commissioned on each of the above building blocks to gauge potential impact on a more integrated approach and to judge what might need to be considered to serve Hillingdon residents.
9. The tasks below could be developed into a fuller work plan (PID) if felt to be on broadly right lines by the Sub-Committee:

Tasks
1. Discovery exercise to capture: <ul style="list-style-type: none"> • “Long list” of potential services across partners to consider within an integrated model – mapping the “As-is”. • External issues and considerations. • Understanding the customer experience. • Performance data and metrics.
2. Develop design principles to review what is in scope and what is not. Set out for example: <ul style="list-style-type: none"> • Inter-relationships and dependencies with wider services. • Demand management issues. • Lean management and end to end process/ pathway techniques.

3. Appraise options for new approaches - assess potential benefits and risks.
4. Design an operating model for new approach.
5. Agree organisational form for new approach.
6. Develop implementation plan.

10. In addition, there are number of questions which the Sub-Committee might wish to consider in developing the work plan:

- a. What do we mean by integration? (e.g., integrated commissioning, integrated structures, integrated provision, vertical integration, etc)
- b. What are we considering integrating? How do we define the health and social care services to be included?
- c. What are the opportunities and benefits?
- d. What are the risks and challenges?

11. Again, further work could be commissioned to explore these issue more systematically.

Financial Implications

There are no direct financial implications specifically from this paper but, in considering a direction of travel for integration of health and social care, there may be costs or risks associated with any opportunities pursued as well as potentially opening up access to new streams of money.

Legal Implications

None at this stage but as opportunities are pursued, legal advice will be required.

4. BACKGROUND PAPERS

None.

HILLINGDON HEALTH AND WELLBEING BOARD SUB-COMMITTEE
Health and Social Care Integration

Terms of Reference

1. To consider the best method of delivering a better health outcome for residents of all ages in Hillingdon.
2. To maximise the opportunity for new ways of working to deliver a more holistic service for the resident/patient.
3. To consider opportunities and options for closer integration of health and social care services in Hillingdon to further improve the overall health and wellbeing of residents.
4. Examine the possible formation of a new form of service delivery organisation providing closer co-ordination between clinical services and local authority services, not to create a new form of bureaucracy but a delivery vehicle to a new design.
5. To assess the strengths, opportunities, risks and challenges that present through options for a more holistic and potentially integrated health and social care service.
6. To assess the role of partners in support of integrated health and social care in Hillingdon.
7. In view of the current financial constraints of the CCG and the Hospital Trust - consider LBH financing. This project is approached on a business delivery basis with clinical input - reporting through the Health and Wellbeing Board. A time commitment will be required from all parties.
8. To make recommendations to the Health and Wellbeing Board in the first place concerning integration of health and social care in Hillingdon.

Membership:

- Councillor Philip Corthorne
- Councillor Douglas Mills
- Councillor David Simmonds
- Councillor Raymond Puddifoot (ex-officio)
- Shane DeGaris – The Hillingdon Hospitals NHS Foundation Trust
- Dr Ian Goodman – Hillingdon Clinical Commissioning Group

Officers:

- Tony Zaman – Statutory Director of Adult Social Services, LBH
- Merlin Joseph – Statutory Director of Children's Services, LBH
- Sharon Daye – Statutory Director of Public Health, LBH
- Nigel Dicker – Residents Services, LBH
- Kevin Byrne – Policy, Performance and Partnerships, LBH
- Ceri Jacob – Chief Operating Officer, CCG

Additional organisations and individuals will be invited to attend meetings as necessary.