OPTIONS FOR INTEGRATING SOCIAL CARE AND HEALTH

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Summary

- The case for integration, legal framework and landscape
- Pre-requisites for success
- Principles against which any approach can be judged
- Six possible models: three of which are the best fit for North Yorkshire and York
- Recommended: single, comprehensive integration framework based on ‘warp and weft’ vertical/horizontal approach that combines national must dos with local delivery approaches

The case for integration of care & health

- The Health & Social Care Act 2012 and Care and Support White Paper both have the underlying assumption of closer integration
- NHS Mandate requires the NHSCB to ensure the new NHS commissioning system promotes and supports the integration of care
- Home should be the hub of care
- Reduce hospital inpatient activity
- Place patients at the centre of service design
- Encourage innovation by new and existing providers
- Your own recent reports reinforce this

Legal framework

- Health Act 1999 and NHS Act 2006 (section 75 and 76) allows councils to transfer funding to health bodies
- NHS Act 2006 (section 256) allows PCTs to enter into activities with health benefits to support additional local authority activity
- NHS & Social Care Act 2012 gives councils an enhanced role in health commissioning through HWBs, joint strategies and new public health responsibilities

NHS Commissioning Landscape

- Currently 3 organisations commission health and care
- After April 2013, 11 NHS organisations have some role in commissioning healthcare, alongside the two councils social care responsibilities
- The two Health & Wellbeing Boards have a duty to “encourage integrated working between commissioners of NHS, public health and social care services”

Models for health and care integration (from most to least)

- Structural (single entity)
- Enhanced partnership (integration of commissioning functions)
- Joint appointments
- Coordination (reasonable level of formal commitment to joint working)
- Relative autonomy (meet minimal statutory requirements)

Principles

- Clarify the question to which integration is the answer
- Focus on ends before means
- Integration must be multi-levelled
- NHS and local government operate from silos because they were explicitly designed to do so
- Weave together warp and weft of integration

Principles (continued)

- Effective personal relationships are critical (but are undermined during restructuring)
- A place-making and convening role is necessary to animate integration through a single point for commissioning
- Establish a balance between vertical and horizontal accountabilities

Options for integration

1. **Status quo continuation**: *maintain existing arrangements but in new NHS context*

2. **Vertical integration within the NHS**: *focus solely on vertical integration in NHS between hospital and community services, possibly drawing social care into NHS service*

3. **CCG led retendering exercises**: *each CCG works with relevant council to develop its own approach to integration*

Options for integration

4. **Councils initiate**: *NYCC &/or CYC seeks agreement to lead the design and retender for a new integrated model at whole authority level*

5. **Patchwork model**: *integrated approach considered for priority patient groups with separate decisions on geography, approach, design and tendering.*

Options for integration: recommended approach

6. **Framework model**: *overall framework for integrated health and social care is set by both HWBs (together, collaboratively, or separately) that sets priority groups, approach, area of benefit, timetable, and review*

Local factors to consider

- Impact of resource pressures
- Pace and approach
- System leadership by HWBs developed and accepted
- Appetite: for cooperation and federation by CCGs; tolerance for difference by NYCC; shared model in Vale of York by both councils; Craven being different

Developing the framework

- Consistent joint approaches to outcomes, access and assessment
- Risk stratification to determine priority groups and pace
- Principle of subsidiarity should be adopted
- Local models appropriate to patient groups and geography

What might it look like?

- Integration team identified (full or part-time, actual and virtual)
- Senior integration executive report to HWB
- Agreed framework's priority areas and approaches
- Agree who does what
- Agree local priorities and timetable

What might it look like?

- Practical manifestations:
  - Lead commissioner
  - Lead provider
  - Joint community teams
  - Measuring progress on outcomes
  - Peer challenge
  - Better information to support how outcomes and inequalities are being addressed
  - Better use of resources

Next steps

- Secure agreement that integrated care initiatives have the potential to save money, improve efficiency, and improve quality by joining up services around the patient/service user
- Initiate discussions through HWBs about the development of a framework for integration
- Agree scope: North Yorkshire with York?
- Resource the development of the framework and implementation support
- Consider pace and approach
- Investigate scope to be a large scale initiative and draw down national support/engagement

Further information

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