



Report of: Corporate Director Housing & Adult Social Services

Meeting of	Date	Agenda Item	Ward(s)
Health and Wellbeing Board	20 January 2016	Item B1	All

Delete as appropriate	Exempt	Non-exempt

SUBJECT: A Road Map for Integrated Health and Social Care

1. Synopsis

- 1.1 The London Borough of Islington (LBI) and Islington Clinical Commissioning Group (CCG) have been progressing the development of integrated health and care services. This report provides an update to the Health and Wellbeing Board on collaboration and progress towards greater integration, following the vanguard bid with Haringey in early 2015 and in line with local drivers for change and national requirements.
- 1.2 The report particularly focuses on of collaborative working with the Local Borough of Haringey, Haringey CCG, Whittington Health NHS Trust and Camden and Islington Foundation Trust.

2. Recommendations

- 2.2 To reflect on progress towards integration in Islington, and integration in Islington and Haringey and proposals for next steps.
- 2.3 To consider and advise on:
 - How to embed this work within the role of the Islington Health and Wellbeing Board;
 - What mechanisms will ensure real time engagement and involvement;
 - How the governance and reporting mechanisms of the local Health and Wellbeing Board could be modified, to take into account this collaborative work with neighbouring CCGs and local authorities;
 - What the opportunities and complexities in taking this forward are;

- Regularity of updates and engagement in-between Health and Wellbeing Board meetings.

3. Background

- 3.1 LBI and Islington CCG have a long history of working together to meet the health and care needs of the population of Islington, engaging with people about how to improve services. This has included joint commissioning from a pooled budget, health and social care professionals working together to deliver mental health care provision and integrating community and acute care.
- 3.2 The role of the Health and Wellbeing Board includes oversight of the development of integrated services and collaborative working to address the needs of our population.
- 3.3 In 2013 the Integrated Care Board was established with representation from Islington CCG, LBI, Whittington Health, Camden and Islington Foundation Trust, GP leads and patient representatives. This board undertakes work to develop and deliver effective integration in Islington with a focus both on service implementation but also on enablers of integration such as workforce and information technology sharing.
- 3.4 The CCG were awarded National Pioneer status for integration in 2013 as a first wave across England.
- 3.5 Significant progress has been made towards greater integration from small pilot based services to a more comprehensive approach across commissioners and providers.
- 3.6 In early 2015 Islington and Haringey agreed to work together to submit a Vanguard application to further develop integration of health and care services, including Whittington Health Trust, Camden and Islington Foundation Trust and engaging primary care.
- 3.7 Following this bid our commitment to work together has continued and the Chief Executives of all organisations have been engaged in examining what greater integration will look like and how we can deliver this.
- 3.8 The appended presentation paper sets out further information on the need and options for local integration.

4. Implications

4.1 Financial implications

There are no financial implications as a direct result of this report.

Any plans or strategies derived or agreed in relation to this report should use existing available resources and therefore not create a budget pressure for the Council or partner organisations.

4.2 Legal Implications

The Five Year Forward View” published by NHS England in October 2014 addresses the changes the NHS will be making to facilitate an upgrade in prevention and public health.

There are a number of legislative provisions which enable local authorities and the NHS to work together. These include provisions set out in the National Health Service Act 2006, the Health and Social Care Act 2012 and the Care Act 2014.

The Health and Social Care Act 2012 (“the 2012 Act “) sets out changes to the way NHS care is commissioned and gives providers freedom to improve the quality of care. It also gives local authorities responsibilities for public health. Section 12 of the 2012 Act inserts a new 2B into the National Health

Service Act 2006, (the 2006 Act) subsection 1 which places a duty on local authorities to take such steps as it considers appropriate for improving the health of the people in its area.

Section 75 of the 2006 Act allows money to be pooled between health bodies and health-related local authority services. The arrangements in section 75 allow commissioning for existing or new services, as well as the development of provider arrangement to be joined-up. The arrangements cover lead commissioning, integrated provision and pooled budgets.

Part 1 of the Care Act 2014 (“2014 Act”) sets out a single legal framework for the provision of adult social care. Section 3 of the 2014 Act imposes a duty on local authorities to exercise its functions under Part 1 with a view to ensuring integration of care and support provision with health provision and health related provision where it would (a) promote the wellbeing of adults in its area with needs for care and support and the wellbeing of carers in its area; (b) contribute to the prevention or delay of the development by adults in its area of needs for care and support or the development by carers in its area for care and support, or (c) improve the quality of care and support for adults, and of support for carers, provided in its area.

Sections 6 and 7 of the Care Act require a local authority to co-operate with each of its relevant partners and for each relevant partner to cooperate with the local authority in the exercise of their respective functions relating to adults with needs for care and support and carers. Relevant partners include other local authorities and NHS bodies in the authority’s area (section 6(7)). The reference to NHS bodies in these provisions is a reference to the National Health Service Commissioning Board so far as its functions are exercisable in relation to the authority’s area. A clinical commissioning group the whole or part of whose area is in the authority’s area, or an NHS Trust or NHS Foundation trust which provides services in the authority’s area.

4.3 **Resident Impact Assessment:**

The council must, in the exercise of its functions, have due regard to the need to eliminate discrimination, harassment and victimisation, and to advance equality of opportunity, and foster good relations, between those who share a relevant protected characteristic and those who do not share it (section 149 Equality Act 2010). The council has a duty to have due regard to the need to remove or minimise disadvantages, take steps to meet needs, in particular steps to take account of disabled persons' disabilities, and encourage people to participate in public life. The council must have due regard to the need to tackle prejudice and promote understanding.

A Resident Impact Assessment has not been completed because this work brings together different streams of work rather than being a new project. Equality Impact Assessments and public engagement have been undertaken for all integrated services that have been implemented and will continue to be part of this process.

The proposals outlined in this report should have an overall positive impact for the residents of Islington in that there will be greater integration and coordination between health and social care services leading to better outcomes for individuals and their carers using these services. There should be no adverse impact as residents will experience a more seamless response. Public and patient engagement and co-production have been key to developing and commissioning services such as the Diabetes Value Based Commissioning model and will continue to be so.

4.4 **Environmental Implications:**

There are no significant environmental impacts associated with this report. More generally, the integration of services usually offers opportunities for reducing environmental impacts by combining

systems and reducing duplication. However, the potential for unintended consequences (e.g. increased travelling by centralised teams) should be considered at all stages.

5. Conclusion and reasons for recommendations

This paper is designed to provide an update to the Health and Wellbeing Board on the progress and future roadmap for integrated care in Islington and Islington and Haringey. The Health and Wellbeing Board are asked to provide advice concerning the discussion points posed in this paper and the appendix in order to support and facilitate next steps.

Background papers: None

Attachments: Presentation Paper – A Road Map for Integrated Health and Social Care

Final Report Clearance



Signed by

12 January 2016

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Corporate Director Housing & Adult Social Services

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Date

Received by

12 January 2016

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Head of Democratic Services

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Date

Report author: Sophie Donnellan, Associate Director – Strategic Commissioning and Planning, Islington CCG

Tel: 020 3688 2922

E-mail: sophie.donnellan@nhs.net