

Report to: Cabinet

Date of meeting: 29 June 2021

By: Director of Adult Social Care

Title: Health and Social Care Integration

Purpose: To inform Cabinet of the potential implications for health and social care integration in light of the proposed changes to the NHS contained in the NHS White Paper 'Integration and Innovation - working together to improve health and social care for all'.

RECOMMENDATION

Cabinet is recommended to:

- 1. confirm the Council's ongoing lead role and commitment to integrated care and improving population health focussed on East Sussex, and working in a pan Sussex context and to develop further plans with the local NHS to maintain this approach;**
 - 2. note the proposed legislation requires the Council to be a member of the Sussex Integrated Care System (ICS) and the plans and timetable to operate the ICS in shadow form from October 2021;**
 - 3. agree to nominate the Director of Adult Social Care to sit on the shadow NHS Sussex ICS Board to represent the County Council's full range of interests; and**
 - 4. agree to nominate the Chair of the Health and Wellbeing Board and Chair of the Health Overview and Scrutiny Committee to attend the shadow Sussex ICS Partnership Forum.**
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1. Background

1.1 Previous reports to Cabinet in April 2019 and January 2020, set out the County Council's commitment to integrated working with the local NHS, as this provides the strongest opportunity to deliver the best possible outcomes for local residents and achieves the best use of collective public funding in East Sussex. To date this has been delivered by the Council working closely with the local NHS to commission and deliver more integrated care and improved population health.

1.2 Our work is delivered through a shared programme aimed at delivering new models to help integrate care and manage growing demand on NHS and social care services, based on our population needs across children and adults of all ages. So far this has delivered:

- A range of integrated services for example Health and Social Care Connect and the Joint Community Reablement Service

- A comprehensive range of preventative services, and continuing strong performance against Better Care Fund targets
- Co-location of nursing and social work teams in Eastbourne aimed at supporting greater levels of care coordination for people with multiple and complex care needs
- Strong progress with the roll out of Mental Health Support Teams to enable access to mental health and emotional wellbeing for school pupils, so far covering 45 schools and 24,000 pupils
- Alignment of continuing healthcare and social care assessments leading to joint support packages for young people transitioning from children's disability services
- Ongoing development of community health and social care services through integrated senior management arrangements to lead operational day-to-day working and an agreed overarching Target Operating Model (TOM) across the county. During 2020/21 our focus for integration has increasingly been on the way we can further integrate our services to support people during the COVID-19 pandemic. Our integrated senior management arrangements and the community health and social care services TOM have been critical enablers of the health and social care system's pandemic response
- Successful implementation of Home First and discharge to assess (D2A) pathways, and collaborative system working on hospital discharge has meant that community bedded care achieved and maintained optimum treatment length of stays during the pandemic, to ensure timely discharge and appropriate care for patients, and strong performance overall with patients who are medically ready for discharge (MRD) from hospital
- Close system working between Adult Social Care and the CCG Continuing Healthcare Team has also been taking place to enable approximately 1000 patients discharged under the original COVID-19 Hospital Discharge Scheme to be appropriately assessed and reviewed onto appropriate care and support, by the national target completion date of 31st March 2021
- Our existing system partnership governance which is accountable to the Health and Wellbeing Board, was adapted to better enable our Covid response where this required coordination at the local level, for example to support the local Outbreak Control Plan and test and trace, our care home resilience plan including infection prevention and control and the vaccination programme, in addition to hospital discharge pathways

1.3 The NHS White Paper *'Integration and Innovation: working together to improve health and social care for all'* was published on 11th February 2021, ahead of the Health and Care Bill due later this year which will put Integrated Care Systems (ICSs) on a statutory footing by April 2022. This will represent the most significant reorganisation of the NHS since the Health and Social Care Act (2012). The purpose of this report is to inform Cabinet about the potential implications of the White Paper for the County Council and the delivery of existing priorities and commitments for integration.

2. Supporting information

NHS White Paper

2.1 The Government's NHS White Paper builds on policy and commitments previously set out by NHS England (NHSE) in the Five Year Forward View and the NHS Long Term Plan, and in *'Integrating Care: next steps to building strong and effective integrated care systems'* (NHS England and Improvement, November 2020). A summary is contained in Appendix 1 and the Health and Social Care Bill is expected to be introduced early in the new Parliamentary session.

2.2 The White Paper aims to remove some of the barriers to integration within the NHS and also between the NHS and Local Government and wider partners. It sets out a range of specific changes to accelerate improvements that need primary legislation. It includes provisions for putting ICSs on a legislative footing in England by April 2022, through setting them up as corporate NHS bodies with a mandatory membership to commission healthcare services, thereby taking on the existing functions of Clinical Commissioning Groups. There is an expectation that NHS commissioners and NHS providers will work together more collaboratively, supported by payment reforms and a move away from competition rules.

2.3 This is not a comprehensive package of reforms and these proposals should be seen alongside wider reforms to Public Health, Mental Health and Social Care. There is still no clear timetable set by national Government for social care reform. The key areas of the NHS White Paper that explicitly relate to social care are:

- A new duty to collaborate will be placed on NHS organisations (both ICSs and providers) and local authorities. There will be specific Guidance as to what delivery of this duty means in practice in recognition of the fact that collaboration may look very different across different kinds of services
- A new duty for the CQC to assess local authorities' delivery of their Adult Social Care services
- New requirements for the care market to share data on capacity
- A new legal framework for discharge to assess (D2A) to replace the existing legal requirement for all assessments to take place prior to discharge from hospital

2.4 The White Paper also sets out an expectation that the NHS will work with Local Government beyond the scope of integrated care to improve population health and address health inequalities more broadly, for example across housing and other services that impact on the broader determinants of health. This will also be supported by local NHS organisations taking a more active role in supporting social and economic wellbeing, for example as Anchor Institutions, as well as joined up approaches with local authorities and their Public Health functions.

2.5 The White Paper envisages that Primary Care Networks will enable GPs to support delivery of improved population health, and to work in partnership with community health and social care services to ensure proactive wrap around care is provided to those who need it.

Sussex Integrated Care System

2.6 The County Council is currently a member of the Sussex Health and Care Partnership (SHCP), alongside East Sussex Clinical Commissioning Group (CCG), East Sussex Healthcare NHS Trust (ESHT), Sussex Community NHS Foundation Trust (SCFT), Sussex Partnership NHS Foundation Trust (SPFT), and the upper tier and unitary Authorities, Clinical Commissioning Groups and NHS Provider Trusts in West Sussex and Brighton and Hove. To date this has been a voluntary partnership arrangement.

2.7 The SHCP was formally awarded Integrated Care System (ICS) status in April 2020. The White Paper will establish ICSs covering the whole of England as being legally responsible for commissioning healthcare services for their populations by April 2022. There are no proposed changes to existing statutory responsibilities for Councils' social care and public health services, or the role of Health and Wellbeing Boards and Health Overview and Scrutiny Committees.

2.8 The White Paper acknowledges the strong role of place within ICSs. In Sussex the ICS is made up of three places aligned to upper tier Local Authority and Health and Wellbeing Board populations i.e. East Sussex, West Sussex and Brighton and Hove. In East Sussex this has been built around our existing place-based health and social care partnership arrangements.

2.9 Sussex Vision 2025 sets out the outcomes and goals that the SHCP would like to deliver for all populations in Sussex. A summary is included in Appendix 2. Our place-based plans will align with Sussex Vision 2025 and delivery will be supported through our health and social care partnership at place level.

2.10 In summary the White Paper includes the following specific legislative proposals to establish ICSs in law:

- Each statutory ICS will be made up of an ICS NHS Body and a separate wider ICS Health and Care Partnership, bringing together the NHS, Local Government and other partners. Partnerships at place level will support integration and develop plans across the health, public health, and social care system
- The ICS NHS body will be responsible for healthcare services and the day to day operation of the ICS. The ICS NHS Body will take the form of a single board for Sussex with officer level membership alongside appointed non-executive members.
- In the Sussex ICS this will be operationalised through the three place-based partnerships in East Sussex, West Sussex and Brighton and Hove
- A wider ICS Health and Care Partnership forum will bring together systems to consider wider Sussex matters. In Sussex it is suggested that this will include the Chairs of Health and Wellbeing Boards and Health Overview and Scrutiny Committees, the Chairs of NHS organisations, and Healthwatch and Voluntary and Community and Social Enterprise sector representation.
- Existing arrangements around the role of Health and Wellbeing Boards and Health Overview and Scrutiny Committees remain unchanged, and the partnership forum will not replace any of the independent and statutory roles that Councils have.

2.11 An independent Chair and Chief Executive will be formally appointed to the SHCP ICS ahead of the start of a shadow operating model from October 2021. In order for the County Council to meet new the requirements the following nominations are proposed:

- The Director of Adult Social Care is nominated to represent East Sussex County Council on the shadow Sussex ICS NHS Board to represent the County Council's full range of interests
- The Chair of the Health and Wellbeing Board and the Chair of the Health Overview and Scrutiny Committee are nominated to represent East Sussex County Council at the meetings of the shadow Sussex ICS Health and Care Partnership Forum

2.12 It is proposed that these arrangements will support whole system delivery and governance whilst ensuring clear oversight and reporting to our sovereign organisations who remain statutorily accountable. The County Council will remain the responsible body for setting the Authority's priorities and budgets through the Reconciling Policy Performance and Resources process.

Place and place-based partnerships

2.13 The White Paper and the NHSE&I's '*Integrating Care*' have both underlined the important role of thriving place-based partnerships within ICSs. The key functions of place-based partnerships have been set out by the Kings Fund¹ as follows:

- Understanding and working with communities
- Joining up and coordinating services around people's needs
- Addressing social and economic factors that influence health and wellbeing
- Supporting the quality and sustainability of local services

2.14 In East Sussex the County Council has been a longstanding lead partner in the East Sussex Health and Social Care Partnership alongside East Sussex CCG, ESHT, SCFT, SPFT, District and Borough Councils and Voluntary, Community, Social Enterprise (VCSE) partners, with oversight and accountability to the East Sussex Health and Wellbeing Board for our system working.

2.15 To discharge the role of place set out in the White Paper, it has been agreed through Sussex ICS leadership discussions that the focus of place based partnership plans will be on the coordination and delivery of the following:

- Operational issues and pressures
- Population health management using public health principles
- Health inequalities
- Transformation of clinical pathways and health and social care service models
- Primary care
- Priorities for social care and housing, and other services related to delivering outcomes for our community

2.16 Improving population health will be central to the role of the place based partnerships, with Directors of Public Health having a lead role in coordinating and leading partnership plans across the range of services and activity that support this.

2.17 Whilst ways of working at place level will need to be approached in a sufficiently consistent way across the NHS and Local Authorities in Sussex, there will flexibility within the overall model to ensure that place plans necessarily reflect their different population health and care needs and circumstances. Each place-based partnership will report to both the Health and Wellbeing Board and the ICS NHS Board.

2.18 In 2021/22 local NHS and social care system business has continued to be focussed on supporting the management of the ongoing pandemic response and the risks and challenges around capacity, and restoration and recovery. This has included the role of social care services in enabling the discharge of patients from hospital and into onward care settings through the integrated commissioning and delivery of Home First pathways and Discharge to Assess, enabling our hospitals to restore elective care capacity.

2.19 In East Sussex, work is taking place to set out how our place-based health and social care partnership arrangements can be strengthened by April 2022, in line with the expectations set out in the White Paper and shared NHS and ESCC priorities for integrated care. This will cover:

- Integrated strategic planning to make the best use of our collective resources for our population

¹ Developing place-based partnerships, the foundation of effective integrated care systems (The Kings Fund, April 2021)

- Increased levels of provider collaboration and integration across health and social care services to support early intervention and prevention and increased experience of joined up personalised care
- Supporting broader partnership working with District and Borough Council and voluntary, community and social enterprise (VCSE) sector partners, on housing and the wider determinants of health and wellbeing.
- Our shared priorities for transforming services through our integration programme covering children and young people, mental health, community, urgent care and planned care and ensuring a clear focus on health inequalities

Integrated commissioning and delivery

2.20 There are longstanding integrated commissioning arrangements in place with the NHS that support delivery across health and social care for children, young people and adults and mental health services. This includes:

- Pooled and aligned budgets and a shared approach to system finances
- A range of shared arrangements for commissioning voluntary and community sector services across Children's Services, Adult Social Care and Public Health
- Significant joint work to understand the additional care capacity required to take forward our agreed approach to bedded care both in and out of hospital through lead commissioner arrangements
- Local implementation of Sussex-wide work on learning disability and autism services and mental health services for children and adults

2.21 Strong operational collaboration between NHS providers and the County Council has been an important part of delivering more integrated care for our population. In recent years this has been progressed through integrated senior leadership and management arrangements and the development of an overarching target operating model, focussed on community health and social care services.

2.22 The proposed changes in the White Paper mean that NHS commissioners and providers will have a different role in collaborating to plan, commission and deliver services at both at a Sussex-wide and East Sussex level. For example, this includes pan-Sussex network arrangements to support the recovery and delivery of planned care services, secondary care mental health services and other specialist services where there will be benefits gained through working at scale.

2.23 There is acknowledgement that a shared approach will be required at place level (East Sussex) within the Sussex ICS to the planning and deployment of resources aligned to population needs, to ensure people have access to a joined up offer of health and social care and support in their community or near to where they live. This will also be important to enable the Council to continue to contribute effectively to the shared agenda for maintaining strong performance on D2A and patients who are Medically Ready for Discharge from hospital, and supporting the recovery and delivery of NHS services as a result of the pandemic.

3. Conclusion and reasons for recommendations

3.1 Through our history of partnership working in East Sussex we have strong foundations in place to take forward increased integration of commissioning and delivery of services for the population of East Sussex. Responding to the pandemic during 2020/21 has also changed the way we work together as a health and social care system and has accelerated our integrated working.

3.2 Legislation set out in the forthcoming Health and Care Bill will significantly change the way we work together as a health and social care system to commission and deliver integrated care

and improve the health of our population. Cabinet is invited to consider and agree recommendations for the County Council to discharge its role appropriately under these new arrangements. In doing so the Council will ensure that our place-based health and social care partnership continues to work together to deliver our shared long term aim of improved health and integrated care for our population, and make an effective contribution to health and care and restoration and recovery of services during 2021/22.

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LOCAL MEMBERS

All Members

Appendices

Appendix 1 NHS White Paper Summary
Appendix 2 Sussex Vision 2025 Outcomes and Goals