

# REPORT TO COMMUNITIES P.D.G.

**REPORT OF:**     **Business Manager (Environmental Health)**

**REPORT NO:**    **ENV651**

**DATE:**            **27 January 2017**

<b>TITLE:</b>	Integration Self Assessment (Integrating Health and Social Care)	
<b>KEY DECISION OR POLICY FRAMEWORK PROPOSAL:</b>	N/A	
<b>EXECUTIVE MEMBER: NAME AND DESIGNATION:</b>	Cllr Nick Craft – Environment	
<b>CONTACT OFFICER:</b>	Anne-Marie Coulthard Business Manager (Environmental Health)	
<b>INITIAL IMPACT ANALYSIS:</b>  <b>Equality and Diversity</b>	Carried out and Referred to in paragraph (7) below  N/A	Full impact assessment Required:  N/A
<b>FREEDOM OF INFORMATION ACT:</b>	This report is publicly available via the Your Council and Democracy link on the Council's website: <a href="http://www.southkesteven.gov.uk">www.southkesteven.gov.uk</a>	
<b>BACKGROUND PAPERS</b>		

## **1. RECOMMENDATIONS**

- 1.1 That the Communities PDG together with the Executive Member for Environment identify three priority areas for improvement to be fed back to Lincolnshire County Council Public Health by 31 January 2017.

## **2. PURPOSE OF THE REPORT**

- 2.1 To report on the Integration Self Assessment exercise and to ask Members to identify the top three priority areas where additional work by the Lincolnshire Health and Wellbeing Board might help accelerate the integration of commissioning or provision of services.

## **3. DETAILS OF REPORT**

- 3.1 The primary aim of integrating health and social care is to shift the focus towards improving public health and meeting the holistic needs of individuals, drawing together all services across a place for greatest benefit, and investing in services which maximise wellbeing throughout life.
- 3.2 It is the Government's ambition that health and social care will be integrated by 2020, with local areas "graduating" from the Better Care Fund (BCF) (the BCF is a single pooled budget between the NHS and Local Government intended to encourage closer working arrangements centred on wellbeing as the focus of health and care services). Areas will graduate upon demonstrating that they have moved beyond requirements for more ambitious and transformative models of integration. Graduation Pilots are being offered, with only a small number (up to 10) expected to be selected for 2017/18. A report on behalf of the Executive Director Adult Care and Community Wellbeing to the Lincolnshire County Council Executive on 4 January 2017 recommended that the Executive approve the submission of a Lincolnshire Application for pilot graduation status. The criteria for selection are reported as likely to include:
- Commitment of the Health and Wellbeing Board
  - Strong local leadership, with an agreed vision for health and social care integration by 2020, and clear links to wider health and local government strategies
  - CCGs involved are not currently subject to legal directions on finance or performance
  - There is a clear commitment to continue to maintain social care spending and the level of NHS commissioned out-of-hospital services at levels above the minimum required through the BCF, through the pooling of budgets or similarly robust financial arrangements.
- 3.3 The Health and Wellbeing Board asked key partners and stakeholders to complete a self assessment questionnaire to explore Lincolnshire's readiness across the key characteristics needed for successful integration and to help identify areas for improvement.

Anonymised results from the 11 responses were discussed in a workshop style session of the informal Health and Wellbeing Board on 8 November 2016. The summary of findings and feedback from the session were reported to the Health and Wellbeing Board on 6 December 2016 by the Interim Director of Public Health (extract from this report is at appendix 1). The findings and feedback are summarised as:

1. Relationships, partnership working and accountability have moved forward in Lincolnshire, but for integration to progress further stakeholders need commitment to greater openness, honesty and trust
  2. As a group of organisations there needs to be shared understanding and vision on how resources can be used in the most effective way
  3. We need to learn from best practice
  4. There needs to be a greater focus on delivery, placing the individual at the centre rather than the organisation
  5. Language and terminology need to be kept simple so that stakeholders understand the message and know where they fit within the health and care system
  6. The term 'health and care system' needs defining
  7. The relationship between key drivers such as the Better Care Fund (BCF), Sustainability and Transformation Plan (STP) and Lincolnshire Health and Care (LHAC) needs to be communicated so stakeholders understand which part of the system they are addressing
  8. Better communication and sharing of information was highlighted for improvement
  9. Simplified governance arrangements allowing specific powers to be delegated by governing bodies to the System Executive Team (SET) and the Health and Wellbeing Board (HWB) could address barriers limiting the ability of local system leaders to make binding decisions
  10. As a 'system', Lincolnshire should be speaking with 'one voice' and seeking additional freedoms and flexibilities.
- 3.4 The self assessment exercise has highlighted a number of areas where wider partners and stakeholders feel improvements need to be made. As a partner organisation, the Health and Wellbeing Board has now asked that in order to support the development of an Improvement Plan the Council identifies its top three priority areas where some additional work by the Board might help accelerate integration of commissioning or provision of services.
- 3.5 The eight areas for ranking are as follows:
1. Shared Commitment
  2. Shared leadership
  3. Shared accountability
  4. Getting it done
  5. Shared vision
  6. Shared decision making
  7. Shared systems – models
  8. Shared systems – enablers

#### **4. OTHER OPTIONS CONSIDERED**

- 4.1 The Council is not required to provide a response and could choose not to do so.

#### **5. RESOURCE IMPLICATIONS**

- 5.1 None

#### **6. RISK AND MITIGATION**

Risk has been considered as part of this report and any specific high risks are included in the table below:

<b>Category Risk</b>	<b>Action / Controls</b>
N/A	

#### **7. ISSUES ARISING FROM IMPACT ANALYSIS**

- 7.1 N/A

#### **8. CRIME AND DISORDER IMPLICATIONS**

- 8.1 N/A

#### **9. COMMENTS OF FINANCIAL SERVICES**

- 9.1 There are no direct financial consequences arising from this report.

#### **10. COMMENTS OF LEGAL AND DEMOCRATIC SERVICES**

- 10.1 The Care Act 2014 amended the NHS Act 2006 to provide the legislative basis for the Better Care Fund. It allows for the establishment of the Better Care Fund by providing a mechanism to make the sharing of NHS funding with local authorities mandatory.

#### **11. COMMENTS OF OTHER RELEVANT SERVICES**

- 11.1 N/A

#### **12. APPENDICES:**

- 12.1 Appendix 1 - Integration Self Assessment-Findings