



Report to:	Strategy and Resources Committee	Date:	17 July 2017
Report title:	Integration of Sutton Health and Care		
Report from:	Niall Bolger, Chief Executive		
Ward/Areas affected:	Borough wide		
Chair of Committee/Lead Member:	Cllr Ruth Dombey		
Author(s)/Contact Number(s):	Jan Underhill, Assistant Director, People Services Directorate (Wellbeing), 020 8770 4359		
Corporate Plan Priorities:	<ul style="list-style-type: none"> • An Open Council • A Fair Council • A Smart Council 		
Open/Exempt:	Open		
Signed:		Date:	4 July 2017

1. Summary

- 1.1 This report provides a summary of work completed to date to integrate health and care services in Sutton and makes recommendations for next steps which will support further integration of key partners, at strategic level. The purpose of the health and care integration programme proposed within this report is to develop an integrated approach and joint governance arrangements to move Sutton towards integration by 2020. The shared ambition is to reduce ill health and to encourage people to look after their own health. When people do need services, the intention is to create a single point of entry to health and care services and from this point onwards, a simple route to access the right services required and avoid situations where people are passed between health and care services and have to tell their story many times over. This will all help to ensure better health and care outcomes for Sutton residents through early intervention when people become unwell and taking action to support and keep people at home whenever possible, minimising hospital admissions when these are required and facilitating speedy, safe discharge home. This can only be achieved by working together with NHS and other partners. Proposals made reflect the ambitions set out in the Sutton Plan and take into consideration national policy and guidance. An agreement in principle has already been made between Sutton Council, Sutton CCG and Epsom and St Helier University Hospitals Trust to appoint an Integration Programme Director, jointly funded and accountable to all three partners, initially for a one year period. This Director will drive integration forward on behalf of all three partners and with a key objective to move resources and activity out of the acute hospital sector and into the community, in Sutton.



2. Recommendations

The Strategy and Resources Committee is recommended to:

- 2.1 Agree to allocate a maximum of £40k from transitional grant funding, as a contribution to the appointment of a Joint Integration Programme Director for Sutton, initially for a one year period.
- 2.2 Agree to the principles of the joint governance changes which will enable further progress with the integration of health and social care partners and services, described in paragraphs 4.6 to 4.9 of this report and delegate authority to the Monitoring Officer, in consultation with the Leader, to make a final recommendation on membership and proceedings of the Health and Wellbeing Board and subsequent constitutional amendments, to Council.

3. Background

- 3.1 Beyond the 2016/17 Better Care Fund, the Spending Review sets out a plan for the full integration of health and social care by 2020. The national and London regional context for change is contained in Appendix A.
- 3.2 Following the publication of the NHS Five Year Forward View in October 2014, 23 vanguard sites across the country are developing models for integration. Few however have yet made significant progress on bringing together the funding and contracting of local health and social care services. There is no single template for integration. Localities are expected to agree and implement a model that meets local need.
- 3.3 In 2015/16, the London Health Devolution Agreement was signed by central government and national bodies. This gave London the opportunity to explore devolution - the transfer of powers, decision making and resources closer to local populations. This agreement invites localities to make plans for targeting whole system resources to better meet the health and wellbeing needs of residents and to be innovative in targeting resources to those in most need, tackling health inequalities where these exist.
- 3.4 In 2016, CCGs were asked to prepare sub-regional Sustainability and Transformation Plans (STPs), setting out how the NHS Five Year Forward View would be implemented. These STPs, plans for the future of health and care services in England, were to be co-designed with local authorities, first drafts being submitted in June 2016. NHS organisations across the country have been asked to collaborate in order to respond to the challenges facing local services. (Reference The King's Fund, 'Sustainability and Transformation plans in the NHS'). The original purpose of STPs was to support local areas to improve care quality, efficiency of services, develop new models of care, and prioritise prevention and public health. Proposals in this report are made therefore in the context of the published STP for SW London.
- 3.5 There exists a long standing commitment to integration and partnership working in Sutton evidenced by some successful joint projects across health and care (Appendix B). This includes projects funded through the Better Care Fund, a pooled budget between health and social care for Sutton. The legislative basis for the Better Care Fund is the Care Act 2015. Currently, Sutton

Council is the host organisation for this fund and the potential Better Care Fund spend for 2017/18 is £16.753m. Risk sharing arrangements are in place to mitigate against any overspend.

- 3.6 It is acknowledged by health and care partners that we now need to make a step change in order to achieve integration at a strategic level as well as continuing to integrate services at an operational level. The London Devolution agreement is a framework which enables us to do this as its purpose is to eliminate unnecessary bureaucracy, give new opportunities for CCGs and boroughs to support Londoners to be as healthy as possible and to ensure that the health and care system is on a sustainable footing.

4. Issues

- 4.1 The ambition in Sutton is to establish more collaborative, integrated and strategic approaches to how we commission and deliver services in the longer term. Our common priorities are to:
- Improve the experience of individual service users, their relatives and carers through a more responsive and focused health and care service
 - Improve outcomes for the residents of Sutton, with a particular focus upon using resources to maintain health and prevent ill health
 - Deliver improved value for money
- 4.2 In order to review progress with integration, Sutton became a pilot site in 2016 for the LGA integration toolkit, a self-assessment tool. A workshop for senior health and care leaders in Sutton and Members was completed in September 2016. Conclusions drawn from this workshop were that more work needs to be done to strengthen relationships among local system leaders, including providers and commissioners, if Sutton is to develop and implement a plan for greater, whole system integration.
- 4.3 Epsom and St. Helier University Hospitals Trust, supported by Sutton CCG, have taken the lead role in forming a Provider Alliance around the Epsom Hospital site and have also taken steps to establish a similar Provider Alliance around St. Helier Hospital. The aim of this arrangement is to focus upon older, more vulnerable people and reduce unplanned emergency admissions to hospital and to discharge people from hospital back to their home without unnecessary delay. This will require provider partners to take action to support more people to remain well within their community. Officers within the Council's Adult Social Care team are already working with health partners on a 'Discharge to Assess' model, required by NHS England. This model moves people out of hospital as soon as they are medically fit, reducing the risk of people acquiring secondary infections or becoming immobile through prolonged stay in hospital. Community based teams work together on discharge to assess and provide services to people within their own home.
- 4.4 Integrated commissioning is another route to progress integration and to allocate resources to providers where most needed across the whole health and care system. Integrated commissioning would require pooling of much greater financial resource than the 2017/18 Better Care Fund. In some parts of the country, integrated commissioning based upon pooling of the totality of health and care spend in a Health and Wellbeing Board area, is already the



key mechanism driving change. If the size of the Sutton pooled budget were to increase significantly, new integrated governance arrangements and workforce commissioning strategies would need to be put in place. At this point in time, Sutton CCG do not favour any significant increase in the size of the Better Care Fund pool, but this option remains open for future consideration. What is agreed however is a change in joint governance arrangements which will support plans for further integration both across SW London and in Sutton and which will strengthen the system leadership potential of the Sutton Health and Wellbeing Board.

- 4.5 On 1 April 2018, Sutton CCG will become part of a SW London CCG Alliance, supported by NHS England, London. These changes mean that Sutton CCG will be required to combine management posts and governance arrangements with other SWL CCGs. Any changes in CCG arrangements across SW London sub-region must continue to ensure that the Better Care Fund delivers the health and wellbeing commissioning priorities for Sutton, that the respective responsibilities of the Council and Sutton CCG are protected and that the Health and Wellbeing Board is able to monitor the impact of the Better Care Fund activity and hold the system and commissioners to account.
- 4.6 Whilst it is acknowledged that Sutton CCG must respond to and implement the changes set out in the Sustainability and Transformation Plan for SW London, Council officers have discussed Sutton specific options with Sutton CCG and Epsom and St. Helier University Hospital Trust. The CCG has signalled a commitment to take steps in parallel to the Sustainability and Transformation Plan work in order to protect the best interests of Sutton residents, by looking at changes to the current joint governance arrangements between the CCG and the Council. A structure chart which captures the SW London and Sutton specific changes is attached at Appendix C.
- 4.7 In order for the whole system new joint governance arrangements shown in Appendix C to be effective in moving integration forwards, changes would need to follow in Sutton. The Sutton Integration and Transformation Board (SITB) would no longer be required as its functions would be incorporated within the new Local Transformation Board, Co-Chaired by the CEX of Sutton Council. If the Sutton Integration and Transformation Board were to end, then new arrangements would need to be put in place to ensure that provider partners are represented on decision taking Boards and most importantly, can be part of the re-design of health and care services.
- 4.8 If the current Sutton Integration and Transformation Board ends, the remit, functions and membership of the Health and Wellbeing Board would also need to change. Key provider representatives would need to be included, for the reasons set out in paragraph 4.7. In particular the Chief Executives of the acute and mental health trusts would need seats on the HWBB, to ensure that the HWBB can really drive whole system transformation. The priorities for health and social care commissioning are already set out in the Joint Health and Wellbeing Strategy, agreed by the Health and Wellbeing Board. Changes to the joint governance arrangements proposed (Appendix D) have been discussed with partners and were supported in principle at a workshop held on 20 June 2017.
- 4.9 It will also be necessary to review the wider membership of the HWBB if new members are to be added, in order to keep the Health and Wellbeing Board to a manageable size, whilst still

complying with statutory membership requirements. In order to achieve the step change in collaboration around health and social care which all partners wish to see, and for the HWBB to play its full strategic and systems leadership role, it will also need to adapt and refresh how it works. It is therefore recommended that authority is delegated to the Monitoring Officer in consultation with the Leader to finalise proposals on the constitution and proceedings of the HWBB for consideration by Council - it is a function of the Strategy and Resources Committee to make recommendations on constitutional matters. It is further recommended that any changes made are reviewed before 31 March 2018, when Sutton CCG becomes part of a SW London CCG Alliance involving changes in roles within the CCG, and after a year, to establish whether the changes have supported new ways of working together as envisaged.

5. Options Considered

- 5.1 'Do nothing'. Options and outcomes for people who have health and social care needs need to be improved. In addition, the funding gap across health and social care will increase substantially over the next five years. Integrated working, streamlining of services, early intervention and reducing unnecessary hospital admissions are all considered to be essential in delivering efficiencies that will reduce the funding gap. In recognition of the potential benefits to individuals needing services and the pressing need to ensure future health and care services are affordable, the government requires integration to be fully implemented by 2020. Doing nothing is not an option.
- 5.2 NHS partners have already agreed to jointly fund a temporary post of Programme Director, with the Council, as described in paragraph 1. This would require an investment of £40k from each of the three partners involved. Within the Council, a dedicated programme team for 2017/18 would be established using existing resources within the Smarter Council programme, to drive integration forward and ensure that the implementation of the SW London Sustainability and Transformation Plan meets the needs of Sutton residents. The work of this programme team would be supported by proposed changes to the joint governance arrangements described in paragraphs 4.6 to 4.9. The proposed changes to the membership of the HWBB have already been discussed with current partners who hold seats on this Board. This option is recommended.
- 5.3 Establish a significantly larger Better Care Fund pooled budget which would enable integrated commissioning between the Council and Sutton CCG without removing financial accountability or decision taking. Whilst this would be possible, Sutton CCG do not want to increase their investment in the pooled budget at this point in time. This possibility could be revisited in future years, when the CCG Alliance arrangements for SW London have been fully established, after 1 April 2018. Pressing now for a larger Better Care Fund pool is unlikely to be successful and would not further the working relationship between key partners.

6. Impacts and Implications

Financial



- 6.1 A contribution of £40k is required to jointly fund a Health and Social Care Integration Programme Director for Sutton, in partnership with Sutton CCG and Epsom and St. Helier University Hospitals Trust. The dedicated Health and Care Integration Programme team for Sutton Council, referred to in 5.2, requires no additional resource in 2017/18. Roles required and workstreams to be delivered will be covered by existing officers.
- 6.2 The funding for the joint post will be met from transitional grant funding that is currently held in the Council’s reserves. This will be initially for one year.

Legal

- 6.3 None. No organisational structures or employers of staff will change and statutory responsibilities will remain.

7. Appendices and Background Documents

Appendix letter	Title
A	National and Regional Context for Change
B	Joint projects between health and social care partners in Sutton
C	SW London Governance Structure chart
D	Health and Wellbeing Board - proposed terms of reference and membership

Background documents
None

Audit Trail		
Version	Final	Date: 4 July 2017
Consultation with other officers		
Finance	Yes	Gerald Almeroth
Legal	No	N/A
Equality Impact Assessment required?	No	N/A