

REPORT TO: Executive Board

DATE: 8 April 2010

REPORTING OFFICER: Strategic Director, Adult and Community
Strategic Director, Children & Young People

SUBJECT: Health & Social Care Integration

WARD(S) Borough-wide

1.0 PURPOSE OF THE REPORT

1.1 To inform the Executive Board of the Department of Health's announcements surrounding the modernisation of the NHS and put forward proposals that the Council in conjunction with St Helens Council deliver community health and social care services currently provided by NHS Halton & St. Helens.

2.0 RECOMMENDATION:

That Members of the Executive Board:

- i) note the current position report;**
- ii) agree to pursue Option 2 to a worked up specification and**
- iii) that a more detailed and comprehensive report be submitted to a future Executive Board for approval.**

3.0 SUPPORTING INFORMATION

3.1 In 2009 the NHS publicised how it intends to develop and modernise its NHS services "NHS 2010-2015 from good to great". This set out a 5 year vision for the NHS and on 16 December 2009, the Department of Health (DH) published the "NHS Operational Framework" guidance for PCTs which describes the National priorities, system requirements and a timetable for delivery.

3.2 There are 5 key National priorities:

1. Improving cleanliness and reducing Health Care – associated infections;
2. Access;
3. Keeping adults and children well, improving their health and reducing health inequalities;
4. Experience, satisfaction and engagement;

5. Emergency preparedness.

3.3 DH have identified a number of “vital signs” - that is a range of system levers and enablers as well as mechanisms to ensure delivery of the National priorities. They have produced this in the form of a tiered approach:

- Tier 1 – a small number of must do's;
- Tier 2 – National priorities for local delivery with concerted efforts and where local organisations benefit from flexibility;
- Tier 3 – targeted local improvements.

3.4 The DH have also outlined their approach to workforce, and described their reforms for commissioning by improving health outcomes, reducing health inequalities and improved provider quality through increased productivity. They state that this should be processed through stronger commissioning with Councils. To achieve this they will publish a revised suite of NHS contracts, covering community, acute and mental health services. They are keen to develop Social Enterprise models and "horizontal and vertical integration" with Partners. In essence, this provides for Councils submitting proposals to deliver some Community Primary Care NHS functions either in their totality or for specific services.

3.5 Currently, the “Community Primary Care Services” are provided at arms length by the PCT's Community Health Services who employ over 1500 staff across St. Helens and Halton. The range of services is diverse from Health Inequalities, Community District Nursing, Health Visitors to more specialist Cancer and Chronic Vascular Disease services.

4.0 PROCESS TO PARTNER AND OPTIONS

4.1 The Strategic Health Authority and DH have issued some broad guidelines for PCTs to adopt when considering Partner arrangements and contract management. The PCT locally have recently written to the Chief Executive requesting that the Council consider whether it would like to provide all (or any)of the Community Health Services or alternatively consider providing some of the services through a pathway design, for example, Stroke Services or Community District Nursing.

4.2 The PCT have produced detailed guidance on the selection criteria and processes and invited organisations to “bid” for their services. This process involves presentations on very broad outline proposals.

4.3 After preliminary discussions within the Council and with St. Helens Council, the following options appear a possibility:

- Option 1 – a joint St. Helens & Halton Council proposal to

provide non-acute community health services across adults and children's services **for all of the services currently provided by the PCT's Community Health Services.**

- Option 2 – a joint St. Helens & Halton Council proposal to provide pathway services for the following services:
 - Community Equipment Services (with St. Helens Council)
 - District Nursing & Community Matron Services
 - Rapid response and re-ablement
 - Evening Nursing
 - Night Nursing
 - Stroke Service
 - Dementia Services
 - Universal Targeted and Specialist Community Child Health Services
 - Health Visitors
 - Midwifery
 - School Nursing
 - Speech and Language Therapy
 - Occupational & Physiotherapy
 - CAMHS Tier 1 & 2
 - Health Inequalities
 - Alcohol Lifestyle Services
 - Homeless Project

These services would remain Borough based and continue to be provided locally but management and administration efficiencies would be achieved if they were organised across the two Boroughs. Community Health Services for children would be fully integrated within the Children & Young People Directorate new Children and Families Department, whilst maintaining specialist NHS line management.

- Option 3 - Separate Council proposal for the same services. Whilst this has some advantages it is not believed that the Council would make the efficiencies, which the DH require.

4.4 It is not considered feasible given the tight time constraints imposed by DH to pursue option 1 to provide all of the Community Health Services as there are too many clinical and risk management risks to address in the short timescales.

4.5 Option 2 appears the most viable - it presents less risk, could yield greater efficiencies and if delivered effectively, provides a greater range of health improvements within the Borough.

4.6 Initial expressions of interest have been invited by the PCT, and the Council recently presented proposals to the PCT outlining the benefits of option 2. The PCT have now invited the Council to

develop a full specification for the delivery of:

- Services for Children and families (excluding Midwifery)
- Health and well being services
- Rehabilitation and Long Term neurological services

(See – letter attached from the PCT)

If successful the contract would commence in April 2011.

Should Executive Board approve the involvement of the Council a full service specification will be required and will be reported to Executive Board for approval prior to the final submission.

5.0 PROJECT MANAGEMENT

5.1 It is acknowledged that there is not sufficient time to develop detailed and comprehensive submissions for option 1 and if additional time could have been made available this would have been an option for further consideration. However, option 2 could improve outcomes for service users, patients and carers. The strengths of provision through the Councils include:

- Track record in delivering high quality patient/client centred services;
- Existing Council governance structures to ensure safe delivery of services are robust;
- Leadership capability;
- Track record in engagement of patients and staff in the design and provision of services;
- Track record in delivering value for money.

5.2 There would be clear benefits to the Council in providing these services including improving health outcomes, developing efficiencies, providing value for money, improving patient pathways and delivering a seamless service avoiding unnecessary disputes between the agencies.

5.3 Should the PCT wish both Councils to deliver such services, a detailed specification would be prepared and a further report would be presented to the Executive Board for their consideration.

6.0 POLICY IMPLICATIONS

6.1 As the DH proposals constitute a major NHS organisational change a joint scrutiny of this process will be undertaken over the next 6 months across Halton and St. Helens Councils.

7.0 FINANCIAL IMPLICATIONS

7.1 It is envisaged that savings for the PCT and Council will be achieved and this will need to be quantified as the service develops.

8.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

8.1 Children & Young People in Halton

The formal integration of Children's Community Health Services within the Children & Young People's Directorate would significantly enhance the prospects of improving a range of health indicators and outcomes for children.

8.2 Employment, Learning & Skills in Halton

There would be the opportunity for the development of staff within an integrated service via the sharing of best practice, knowledge etc and may also open up some career opportunities for staff.

8.3 A Healthy Halton

There would be benefits to residents of Halton in terms of improved patient pathways, as they would be dealt with by one service provided across both health and social care.

As we would be delivering an integrated service across health and social care there may also be the opportunity to develop more innovative and tailored ways of working, which would be of benefit to the community of Halton.

8.4 A Safer Halton

None identified

8.5 Halton's Urban Renewal

None identified

9.0 RISK ANALYSIS

9.1 This could be the only opportunity to submit proposals to provide these services as once the services are agreed it is anticipated that 3-5 year contracts will be established, therefore closing the window to develop new services.

9.2 Clearly operating any new services provides risks including operational workforce and financial risks. These would need to be mitigated against.

10.0 EQUALITY AND DIVERSITY ISSUES

10.1 Community Impact assessments will be completed, if we progress

with this option.

**11.0 LIST OF BACKGROUND PAPERS UNDER SECTION 100D OF
THE LOCAL GOVERNMENT ACT 1972**

None.