

**SOUTH EAST ENGLAND COUNCILS &
SOUTH EAST STRATEGIC LEADERS
JOINT MEETING**



Date: 30 June 2016

Subject: **Health and social care integration. Action Plan from joint workshop**

Report of: Heather Bolton, SEEC Director and Emma Sutton, SEEC-SESL Admin & Policy Support Officer

Recommendations:

- i) Note the successful workshop and points raised by delegates.
- ii) Discuss next steps and key issues to shape a joint SEEC-SESL letter to Department of Health Ministers.

1. Introduction

1.1 Effective integration of health and social care is central to delivering a better quality of life for South East residents. SEEC and SESL's [joint workshop on 25 May](#) demonstrated that South East councils are ready, willing and able to provide the leadership and vision required to deliver integration. To secure sustainable improvements to service delivery, South East councils need a long-term solution to resolve challenges of funding, rising service costs and growing demand.

2. Update on SEEC-SESL joint workshop

2.1 Local government members and officers and NHS representatives attended the event chaired by Cllr Roy Perry, SEEC Deputy Chairman and Leader of Hampshire CC. Speakers included Cllr Izzi Seccombe, Chair of the LGA Community Wellbeing Board and Leader of Warwickshire CC, who gave an overview of local authorities' role in achieving integration. She emphasised the conditions for successful partnership working including clear governance, good delivery models and effective collaborative working to identify outcomes and challenges. She also highlighted the role of councils in place making, for example helping deliver care at home is important as services are not just delivered in hospitals. An integration toolkit developed by the LGA and NHS will be launched in July.

2.2 Rich Hornby, LGC Columnist and Chief Finance Officer Coastal West Sussex CCG, highlighted the financial challenges of integration. These included a lack of understanding of local government by the NHS – for example why Council Tax couldn't simply be raised to increase funding and confusion about two tier structures. Integration of health and social care was a lower priority for the NHS than internal integration needs. Members also heard that devolution was not necessary to make progress on integration.

2.3 The workshop included a panel session demonstrating South East good practice, enabling delegates to debate key topics and share experiences. Case studies were:

- Kent CC - **Enablement at home** services help people returning from hospital or residential care.
- Elmbridge BC - **Housing Improvement Agency** helps older or vulnerable people to repair, maintain and adapt their homes to preserve their independence.
- Hampshire CC - **Integrated Personal Commissioning** includes a new model of integrated support to tailor services better to individual needs.
- Oxford City - **Youth Ambition** programme helps improve residents' health, wellbeing, fitness and mental health.

[Case studies and presentations](#) are available online.

3. Making the case for health and social care integration in the South East

3.1 An interactive session saw lively debate, identifying key themes to raise with Department of Health Ministers. Members' views are invited on amending or adding to the following eight points and possible solutions raised at the workshop:

- a) **Individuals' needs and preferences must drive the delivery of one-stop-shop services but bureaucracy and a lack of clarity/ accountability in leadership risk undermining this.**

A common definition and understanding of integration, agreed by councils and the NHS, would help progress.

- b) **Councils and the NHS want to deliver excellent services but they have fundamentally different structures, cultures and jobs.**

Careful re-design of jobs and qualifications is needed to focus staff on how to deliver end-to-end care to bridge those differences.

- c) **The role of 'place' is central to delivering good care for residents. Health and care services are not just delivered in hospitals – many people prefer services delivered in their own homes.**

Local authorities need to be recognised as equal partners with NHS in redesigning services.

- d) **There is a lack of clarity on how to measure savings. Integration can infinitely improve people's lives but it can be difficult to cost this.**

A common approach to data sharing and IT could help eliminate duplication, and report efficiencies and savings.

The Government needs to recognise that growing demand for services is unlikely to be met from current budgets.

- e) **There are differences of opinion on making governance or delivery an early priority. Some think good practice should come first, others think governance needs to be agreed to ensure accountability and a route to resolving problems.**

Light touch guidance on essential requirements would help ensure delivery partnerships develop in a sustainable and accountable way.

- f) **Local partners need to break down cultural barriers and silos to focus on strengths and how to deliver the best outcomes for individuals.**

The Government should encourage co-chairing by NHS and local authority partners to ensure buy-in and start to break down barriers.

- g) **Not enough quality housing is being delivered for people with care needs – for example older or disabled people.**

It is important to ensure local planning policy is responsive to the care needs of communities.

The Government should remove the benefit cap for specialist developments as this is preventing the building of suitable properties.

- h) **Mixed messages for both health and social care exist for programmes, incentives and guidance, which does not reflect the Government's intention to integrate services.**

Clear guidance is needed, which is nationally discussed among local leaders and agreed as a template.

- 3.2 Member comments on refining these points are welcome. Suggestions can also be emailed to Emma Sutton admin@secouncils.gov.uk by Friday 8th July.