

**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:

Recommendations:

- i) A note to be circulated following the success of the workshop.
- ii) Members to take the opportunity to contribute to a joint SEEC-SESL letter to Rt Hon Alistair Burt MP.

1. Introduction

1.1 Effective integration of health and 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 the issues associated with funding and the rising costs of service provision. A number of issues and actions were identified. SEEC and SESL will work with partners to progress key actions.

2. Update on SEEC- SESL joint workshop

2.1 A range of partners attended the event chaired by Cllr Roy Perry, SEEC Deputy Chairman and Leader of Hampshire CC. Speakers included Cllr Izzi Seccombe, Chair LGA Community Wellbeing Board and Leader of Warwickshire CC who gave an overview of local authorities' role in achieving integration. Emphasising a number of conditions for successful partnership working including clear governance, good delivery models, effective collaborative working identified outcomes and challenges. A toolkit developed by the LGA and NHS will be released at the LGA conference in July to help guide integration process to create sustainable change. Rich Hornby, LGC Columnist and Chief Finance Officer, Coastal West Sussex CCG provided his views of the key financial challenges in integration. Including a lack of understanding of Local Government by the NHS surrounding the use of Council Tax to raise funding, three tier government, Local Government funding and future budgets.

2.2 The workshop included a panel session on good practice in action showing the South East is making good progress on integrating services. Councils from all tiers of local government were represented enabling delegates to debate key topics and share experiences. Case studies from the workshop included:

- Kent CC - **Enablement at home** services provide up to 3 weeks of help for people are returning from a hospital or residential home.
 - Elmbridge BC - **Housing Improvement Agencies** aim of which is to help older and vulnerable people to repair, maintain and adapt their homes in order to preserve there independence.
 - Hampshire CC - **Integrated Personal Commissioning** includes a new model of integrated support planning that entails a greater role for the community and universal services rather than specialist services.
 - Oxford City - **Youth Ambition** where the Active Communities team works to improve residents' health and wellbeing.
- Full details of [case studies and presentations](#) from the workshop are available online.

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

3.1 There were a number of good discussions at the event, from which a number of themes emerged that will be raised with Rt Hon Alistair Burt MP to continue to support the work of South East Councils. Members may wish to consider whether there are

additional points to be raised with the Minister – points and recommendations already raised include:

- **That individual' needs and preferences must drive delivery of one- stop-shop services but bureaucracy and 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.
 - **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.
 - Government also needs to recognise that growing demand for services is unlikely to be met from current budgets.
 - **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 these problems.**
 - Light touch guidance on essential requirements would ensure delivery partnerships develop in a sustainable, accountable way.
 - **At local level partners need to break down cultural barriers and silos to focus on strengths and how to deliver the best outcomes for individuals.**
 - Government to encourage co-chairing of initiative by NHS and local authority partners in a good way to ensure buy-in and start to break down barriers.
 - **Councils and NHS all want to deliver excellent services but they have fundamentally different structures, cultures and jobs.**
 - Careful re-design of jobs and qualifications needed to focus staff on how to deliver end-to-end care to bridge those differences.
 - **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.**
 - We ask for local authorities to be equal partners with NHS in redesigning services.
 - **Not enough quality housing is being delivered for people with care needs- eg older or disabled people.**
 - The NPPF needs to include a material consideration for housing in the community for those with care needs.
 - Government should remove the benefit cap for specialist developments.
 - **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, which is nationally discussed and agreed as a template.
- Please send all comments to admin@secouncils.gov.uk.