

Meeting:	Cabinet
Date:	14 th April 2005
Subject:	Planning for Service Integration across Health and Social Care - Community Care Services and Children's Services
Responsible Officer:	Executive Director (People First)
Contact Officers:	Penny Furness-Smith, Director of Community Care Paul Clark, Director of Children's Services
Portfolio Holder:	Social Care and Health
Key Decision:	No
Status:	Public

Section 1: Summary

Decision Required

- That Cabinet approve the approach to planning further service integration of Community Care services for adults and for Children's Services, as outlined in the report; and endorse the Draft Statement of Shared Vision and Values (Annex 1).
- A further report on detailed governance arrangements will be brought to the June Cabinet in order to secure further implementation.

Reason for report

- To update Members on the future proposals for joint working with the Primary Care Trust (PCT) and People First, and to recap on the shared understanding previously approved.
- The proposed approach to planning further service integration in these areas will support achievement of the Council's priorities "Valuing Harrow's customers – joining up with other service providers so that users receive a seamless service", and "Impact through Harrow's partnerships – working with partners to improve the health of Harrow people".
- The interim arrangements proposed support delivery of key Government policy requirements, and elements of the Community Strategy and Corporate Plan.

Benefits

- The arrangements proposed allow the Council and its major partners to move towards further service integration in relation to two major service areas in a manageable way which will minimise risks for all the organisations concerned.

Cost of Proposals

- There are no additional costs associated with implementing the planning arrangements proposed: the work required at this stage can be managed from within currently agreed resource allocations.
- However, further project management and one-off implementation costs may be unavoidable, and may require short-term resourcing. These will be brought to Cabinet as necessary in future reports.

Risks

- No new risks beyond those associated with any substantial extension of partnership working.
- There is a risk of these key developments becoming stalled unless a clear and coherent development programme is agreed and implemented across the two organisations.

Implications if recommendations rejected

- Lack of clarity about the Council's intentions for development in relation to key areas of policy implementation could hamper further partnership working and would adversely affect the Council's overall performance rating.
- Failure to build on agreed commitments with key local partner agencies.

Section 2: Report

2.1 Brief History

2.1.1 Adult Community Care Services

The Council and the PCT have had a clear intention to integrate community health and social care services for adults since the latter part of 2000. Reports on this subject were presented to the Council's Cabinet in January 2001, and again to both the Cabinet and the PCT Board in December 2003.

Initially, consideration was given to the possible establishment of a Care Trust. In the event that option was not pursued in detail, as that specific approach came to receive less prominence in the later guidance issued by the Government (as compared with what was initially suggested in the NHS Plan, when this was published in August 2000).

More recently (December 2003), the Cabinet and the PCT Board gave agreement in principle to a modified approach based on the pooling of budgets and integration of services as a whole. Early in 2004, this latter approach was also withdrawn in favour of a more incremental approach, because of concerns about the level of financial and other risk involved for both organisations.

Review of this approach has not meant that integration has not been progressed, indeed a number of key developments are already in place or currently in progress. However there remains a need to set an overall context and a clear development pathway for further integrated activities. These need to be founded on secure governance arrangements and on the basis of a shared vision and agreed values and principles agreed between the Council and the PCT.

Since October 2004, a detailed project plan for developing that foundation has been established. The project plan is based on the same principles as those incorporated into earlier work. These principles (detailed within the Statement of Shared Vision and Values – Annex 1) have consistently been understood between the Council and the PCT, although they have not previously been presented in this form.

The approach now being recommended is in line with the Green Paper on Adult Social Care: *“Independence, Well-being and Choice”*, published 21st March 2005.

2.1.2 Children’s Services

The broad thrust of future development for Children’s Services arises from the outcomes of the Victoria Climbié Enquiry conducted by Lord Laming; the Green Paper “Every Child Matters”; the National Service Framework for Children’s Health; and the Children Act 2004. The latter commits the Council to leading the development of integrated services for all children which will deliver improved outcomes for all children, and commits its partners to improving children’s well-being. Local NHS Agencies are amongst those key partners.

The Council has already acted to put in place a number of the elements required within the legislation and accompanying guidance, and a robust Children and Young People’s Strategic Partnership is already established and has a reporting line within the framework of the Harrow Strategic Partnership. This will provide the foundation on which to establish a Children’s Trust approach, as required within Government guidance.

2.2 The Proposed Way Forward

2.2.1 Adult Community Care Services

It is proposed to develop an over-arching agreement between the Council and the PCT under Section 31 of the Health Act 1999, which will establish the basis for the later integration of specific services and functions. This initial agreement will focus primarily on and formalise the operation of Joint Commissioning arrangements between the Council and the PCT. The earliest this could be established would be the end of June 2005. However it will be a complex task and it is possible that other organisational pressures will mean that September 2005 is a more probable date.

In order to establish a strong agreement and robust practical arrangements we must resolve issues in four areas:

- the role and management of joint commissioning arrangements;
- inter-organisational arrangements - in relation to (e.g.) HR aspects, the management of pooled budgets, use of other shared resources, information sharing, etc;
- standard approaches to the operational management of further integrated services;
- agreed service models and the specific forms of joint-working to be adopted in relation to particular service areas or for specific groups of service-users / patients.

The vision for the future places joint commissioning at the centre of the relationship, with strong joint standards for technical aspects and operational practices ensuring that jointly-agreed developments are effectively delivered. The detailed project plan focuses on the tasks which need to be completed to deliver this vision. It is proposed that the over-arching Section 31 agreement will incorporate the commitment to joint commissioning and agreed inter-organisational approaches, plus the final overall Governance arrangements. It is intended that the detailed inter-organisational protocols should be annexed to the agreement.

As and when an agreed basis for integrating further service areas is reached, there will be formal agreements detailing the basis on which this takes place. These may be legal Section 31 agreements, or less formal Memoranda of Agreement. However all existing agreements will also be annexed to the over-arching agreement, to ensure that there is one coherent set of agreements covering all the joint arrangements in place between the two organisations.

2.2.2 Children's Services

The proposed approach, which has been shared with the Harrow PCT, outlines a three-year programme of developmental work, made up broadly as follows:

Year 1 (2005/06): The focus will be primarily on securing practical service improvements designed to progress two key priority areas - services for children with disabilities, and parenting-support services (focusing especially on the co-location of key staff groups, the development of a common assessment framework, and of joint commissioning arrangements);

Year 2 (2006/07): Developing a wider range of structural and strategic planning arrangements on which to found further service integration, together with integrated service developments for other specific groups of children;

Year 3 (2007/08): The final and formalised establishment of local Children's Trust-style arrangements to include formal governance arrangements, pooled budgets, joint commissioning for other service areas, and an integrated approach for the remaining broad range of local authority, health and voluntary sector services for children which enhance or support universal services.

The above would be delivered through a robust project-planning arrangement overseen by the Children & Young People's Strategic Partnership.

2.3 Future Reporting

It is intended to bring a further report to Cabinet at the June meeting outlining proposals for governance and accountability arrangements which would operate within the overall framework of the Harrow Strategic Partnership. These will be required in order to comply with specific Department of Health regulations in relation to Section 31 agreements, and with formal guidance for Children Act implementation, although it is envisaged that these will operate initially on a 'shadow' basis, pending the completion of formal agreements in these areas.

It is also intended to report to the PCT Board in parallel with the reports to Cabinet to ensure that they are also in full accord with the principles, developments and overall Section 31 agreement.

2.4 Options considered

As detailed above.

2.5 Consultation

None specific to the current proposals. Detailed consultations with all other key stakeholders and with trade unions will be undertaken whenever further specific integration proposals are being considered.

2.6 Financial Implications

There are no financial implications associated with the planning of further service integration at this stage. The full financial implications of any proposals will form part of the report to Cabinet in June.

2.7 Legal Implications

Recommendations regarding the detailed governance arrangements will be submitted for consideration to the June meeting of Cabinet.

2.8 Equalities Impact

All service integration proposals will be expected to take full account of the needs of Harrow's diverse community, and will be implemented in accordance with the requirements of the Council's current Race Equality Scheme.

Section 3: Supporting Information/ Background Documents

Appendices

Annex 1: Draft Statement of Shared Vision and Values

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DRAFT STATEMENT OF SHARED VISION AND VALUES

1. Our joined and integrated primary and social care services work together to improve the health and well-being of Harrow people, and to improve the well-being of Harrow children.
2. We are delivering a range of high quality health and social care services which promote and maximise individual's independence; support self-managed care when practicable; and, through provision of appropriate levels of care, safeguard and ensure the safety and well-being of vulnerable children and adults.
3. We are doing this by:
 - Being accessible and transparent;
 - Working together in partnership with our public, service-users, patients, their carers, professionals, and external providers;
 - Joining up services, resources and processes to make the best use of what we have and to provide greater flexibility and responsiveness;
 - Maintaining a clear focus on improvement and outcomes.
4. Our approach will involve:
 - Participation and engagement by service-users, carers and all other stakeholders;
 - Building on what we do well and improving what we don't;
 - Providing the minimum degree of intervention necessary as part of promoting and supporting independence, and providing people with opportunities to make mature choices about their own lives;
 - Developing integrated patient / user pathways which our shared resources will support;
 - Effective professional intervention which maintains or improves people's health and well-being or prevents avoidable deterioration;
 - Taking full account of all relevant legislation and statutory duties, Government policy and guidance, National Service Frameworks, etc.
5. In order to support our delivery of this approach we will :
 - Set out a proposed joint way forward for delivering integration;
 - Establish an interim joint management group to monitor progress on our plan;
 - Set up a number of time-limited task-focused projects to support us;

- Draft our first joint commissioning strategies to reflect where we are now - to be used over the next 12 months as a platform to engage with all our stakeholder groups (users, carers, clinicians, other relevant professionals, etc.), as part of developing longer-term integrated commissioning plans for each service area with supporting implementation / action plans by 1st April 2006;
- Renew and refocus our commitment to a partnership approach by securing from our Joint Partnership Boards business plans which will set out how each Board will:
 - improve our performance,
 - integrate services and delivery around user pathways,
 - identify infrastructure and process changes to support these;
- Develop our joint commissioning resource to ensure that by 1st April 2006 each service area has in place to support its commissioning activity:
 - a clinical / professional group / forum,
 - agreed SLAs or equivalents in place for all health and social care services to support the service area,
 - a needs-assessment for their service area which incorporates a population profile, service profile, and current capacity,
 - a joint commissioning strategy and action plan,
 - a performance-monitoring framework which considers activity, cost, volume, etc.

Principles which underpin the service-integration project plans

1. Any approach to integration must deliver demonstrable benefits to service users / patients (and where relevant for their informal carers) - especially in terms of developing services which are more responsive to the range of user needs and preferences, and which are delivered in a more seamless way from the user's viewpoint:
2. The specific form of integration to be pursued for a particular service area must be appropriate to the local situation, to local need, and to the diverse nature of Harrow's community:
3. The approach to integration should provide for more effective use of local resources:
4. All forms of joint working / service integration must be founded on sound governance and accountability arrangements:
5. All forms of joint working / service integration must be developed on the basis of rigorous risk-management in relation to all relevant financial, human resources, operational / performance management, and information-sharing issues:
6. Detailed plans for integrating services and for related joint commissioning or pooled budget arrangements should be developed in full collaboration with all relevant partners; and on the basis of formal consultation with staff, relevant trade unions, and all other local stakeholders.