

**Report to:** Health Overview & Scrutiny Panel

**Date:** 02 October 2013

**Report by:** Claire Budden, Senior Programme Manager

**Presented by:** Claire Budden, Senior Programme Manager

**Subject:** **Continuing Health Care – Section 75 Agreements**

**1. Purpose of the Report**

1.1 To update the Health Overview and Scrutiny Panel on the integration of the local authority and health teams dealing with Continuing Healthcare assessment and commissioning within the City, following the September 2012 report.

**2. Recommendations**

2.1 That the Health Overview and Scrutiny Panel note the content of this report.

**3. Background**

3.1 Under the NHS Act 2006 local authorities and Clinical Commissioning Groups (CCG) can enter into partnership arrangements to provide a more streamlined service and to pool resources, if such arrangements are likely to lead to an improvement in the way their functions are exercised. These powers give rise to the three Health Act "flexibilities", namely:

- Pooled budgets.
- Lead commissioning.
- Integrated provision.

3.2 NHS Continuing Healthcare (CHC) and local authority social care are commissioned from largely the same care home and home-based care providers. The development of the Personal Health Budgets programme also means that the CCG and PCC now share the same 'direction of travel' in terms of personalisation.

3.3 There are significant potential benefits in terms of continuity of care for the individual and also improved value for money from the CCG and PCC working together locally to develop integrated arrangements. In relation to the integrated CHC team the key issues are:

- i) multi-disciplinary assessment and case/care management,
- ii) hospital discharge,
- iii) rehabilitation and reablement,
- iv) personalisation, including Personal Health Budgets,
- v) commissioning of care and support,
- vi) end of life care.

**4. Scope of Integration**

4.1 The S75 agreements for CHC put in place in 2012 establish PCC as the lead commissioner and pooled budget holder for the CHC and funded nursing care

budget, supported through the integration of the CHC clinical assessment and social work teams, as well as the Council acting as the lead commissioner to commission services from third party providers.

## **5. Progress**

- 5.1 Integrating the two partner organisation's teams and processes into a unified structure is a long term project but considerable progress has been made over the last year since co-location took place. By working in partnership we have harnessed the best of both organisations; the clinical leadership of the CCG and PCC's experience of commissioning and procurement - achieving better patient outcomes and a reduction in management costs and commissioning budgets.
- 5.2 Joint working has led to a significant decrease in cases being taken to review or appeal, and the combined structure has enabled resources to be used more effectively. The team have been through a period of process mapping their work to maximise efficiencies - this work will be ongoing and is supported by a unified IT system which has gone live for the service.
- 5.3 Through the use of a pooled fund we have achieved a budget underspend position for reinvestment in pre-agreed schemes such as: facilitating the roll out of a personal budget and brokerage service pilot, an extended telecare service, specialist rehabilitation services, and extended therapy services. These trials are designed to reduce the long term cost of care but more importantly to improve the quality of life for these individuals. It is too early to provide definitive statements as to their successes but we believe that the initial findings will support an extension of this work.

## **6. Next Steps**

- 6.1 Reports on the activity and financial spend of the integrated team are produced and reviewed internally on a monthly basis, with quarterly benchmarking data providing a comparison between local and national data. The newly unified IT system will support more accurate and efficient data collection.
- 6.2 The project was recently shortlisted for a national HSJ Efficiency award and the judges commended the "*very impressive approach to joint commissioning and integration*".
- 6.3 True integration is an ongoing process and changing the way that the team support service users with increased personalisation and improving outcomes against a backdrop of financial challenges will continue to be developed over time. However all of the evidence around service user's feedback, staff feedback and budgetary work indicates that the team are working well.