

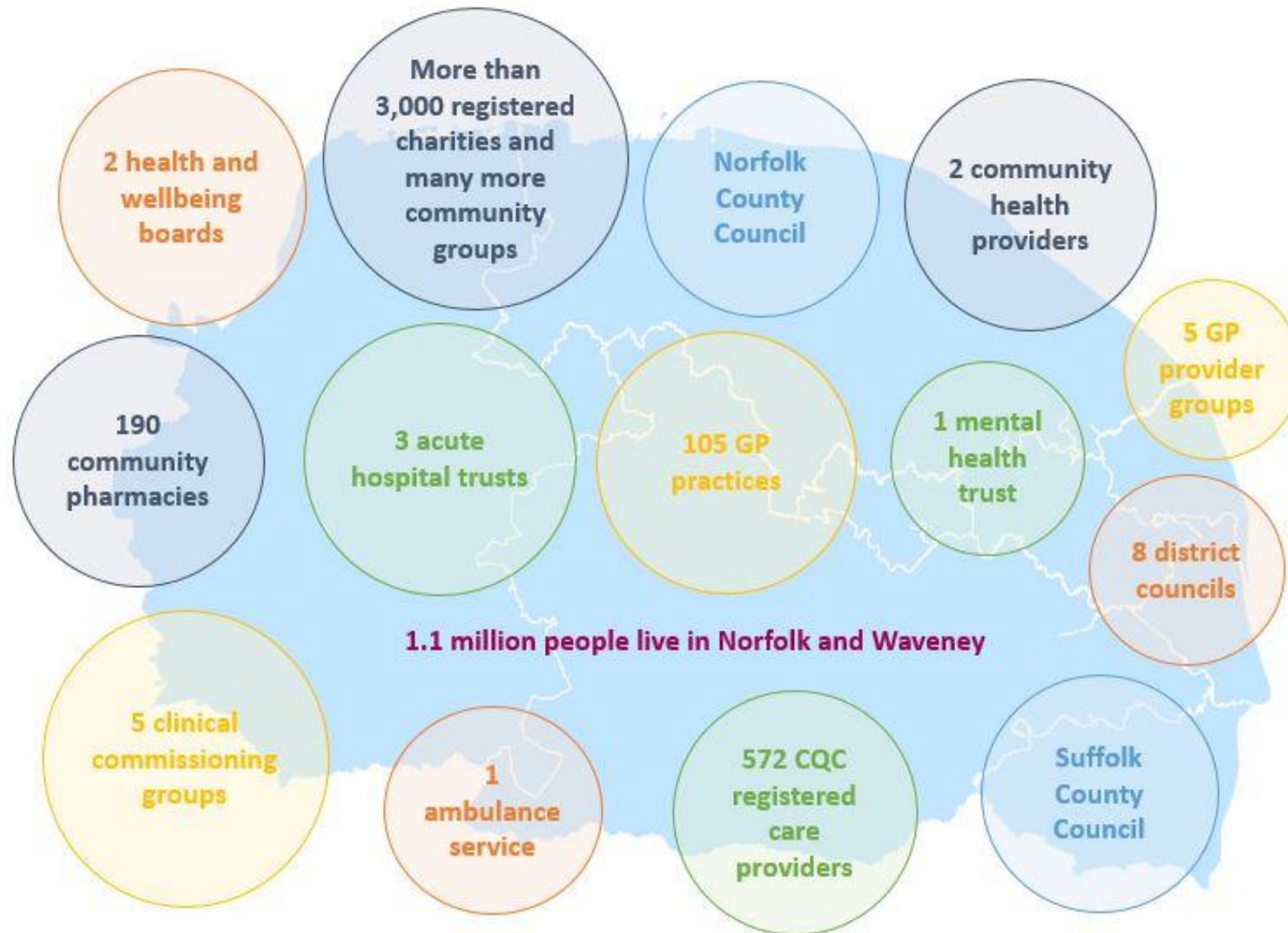
Health and Social Care Integration – context and next steps

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The Norfolk and Waveney STP Members



Norfolk & Waveney Health & Care System



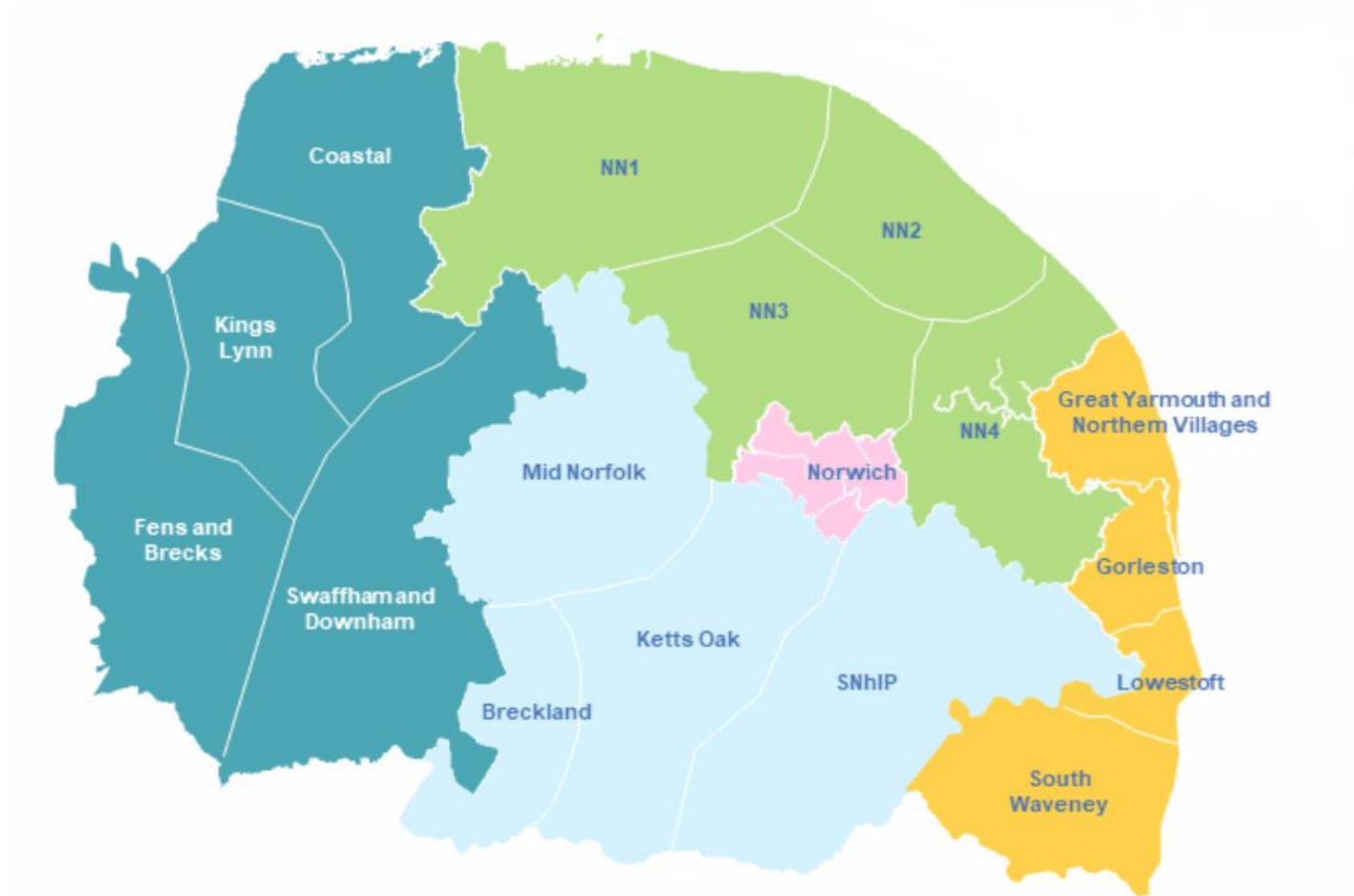
Our three shared goals

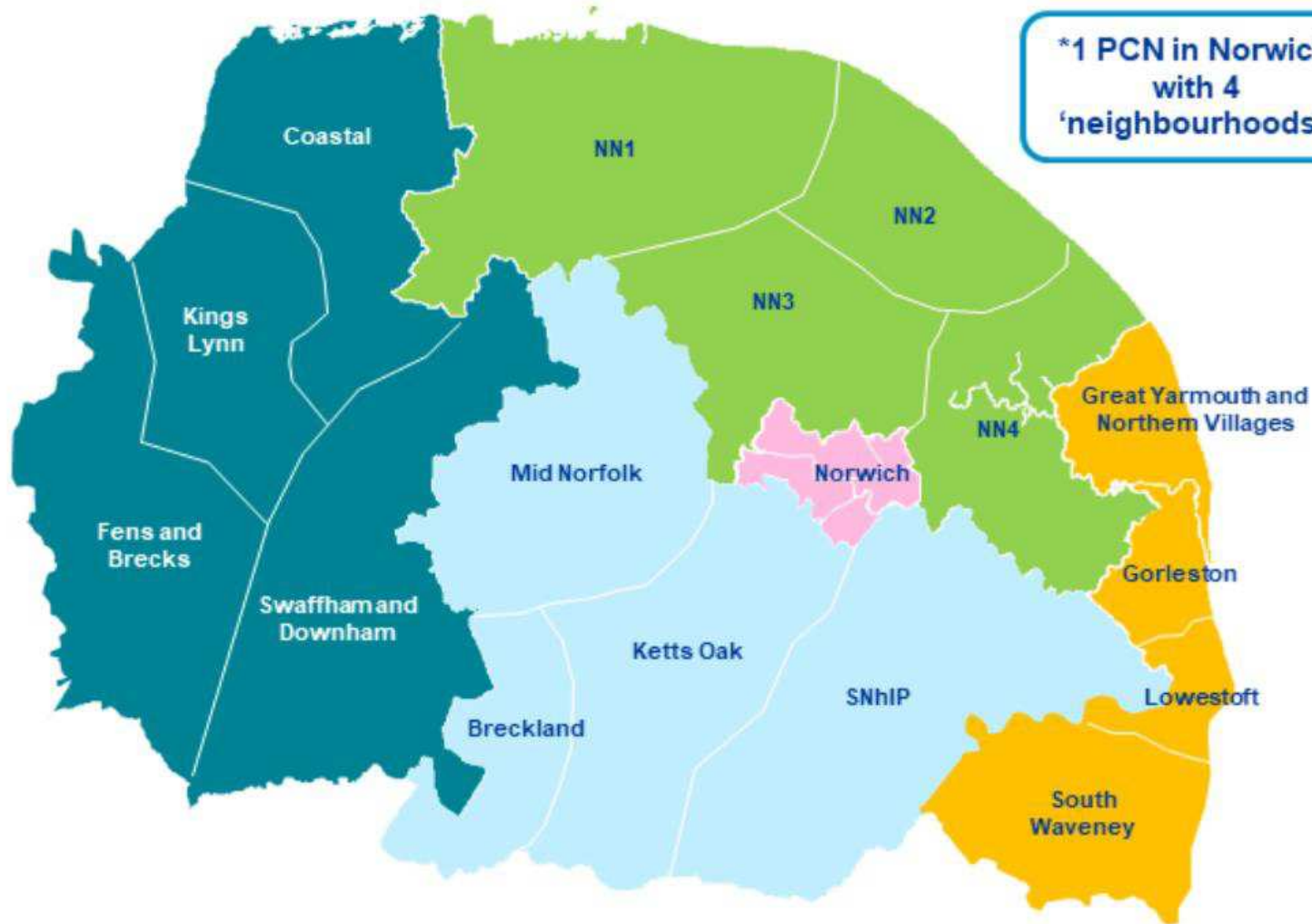
1. To make sure that people can live as healthy a life as possible.

2. To make sure that you only have to tell your story once.

3. To make Norfolk and Waveney the best place to work in health and care.

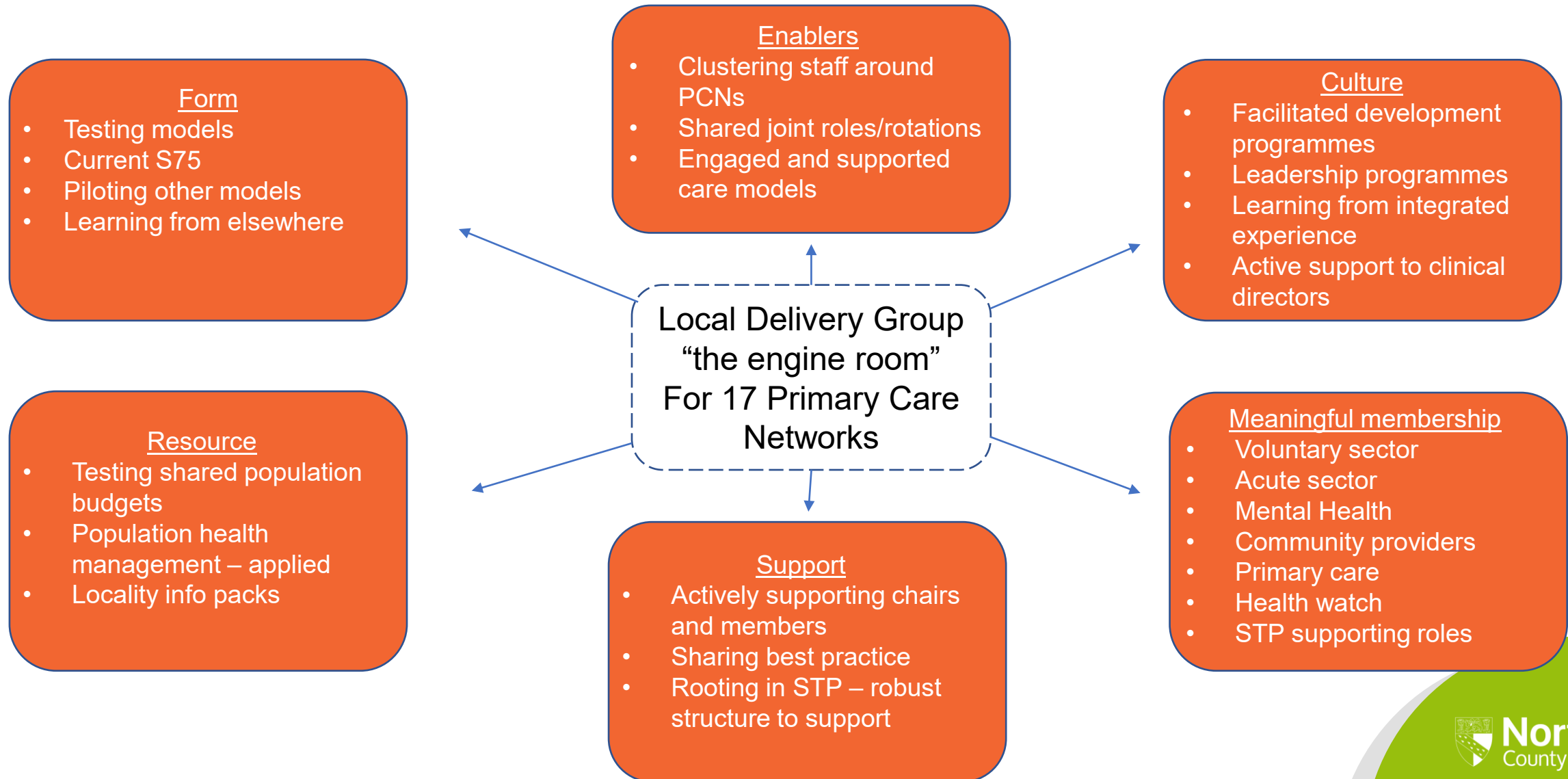
Our Primary and Community Care structure





- One CCG from April 2020
- Accountable officer exec lead for system
- Oversight group of the Chairs
- We have created 17 PCNs which see primary, community, social care, mental health teams, pharmacy, public health and the voluntary sector working together to provide coordinated, joined up care for patients – testing 'forms' to support
- Every single practice has signed up to the new Directed Enhanced Service (DES) contract and is part of a Primary Care Network
- System-wide Health & Wellbeing Board

Local Delivery Groups in action



Results of collaboration



Progress of S75 arrangement

- 5 year arrangement ended 1 October 2019
- Policy and Resources Committee provided delegated authority on 25 March 2019 for an extension

‘Giving delegated authority to the Executive Director of Adult Social Services to renew our contractual arrangements (under a Section 75 Agreement) for the integrated management of community services with Norfolk Community Health & Care to March 2021.’

- New one year agreement now in place until 1 October 2020

Impact & benefits for people who use our services

- The review consultation provided consistent views
- Decisions on care can be made across community health and social care without organisational self-interest being a factor
- Seamless service is valued, both by staff and patients service users.

“[I] knew some staff were health and some were social care as [they] have different colour coats but it didn’t matter to me – they talked to each other and gave me what I needed which were the important things”.

Patient/ Service user interviewee

Impact & benefits for people who use our services

- Better understanding of availability of community resources
- Successful services emanating from S75 arrangements now being developed systemwide – NEATs, ICCs, MDTs
- Further ad hoc integration where patient/ service user benefits can be expected e.g. OT provision
- Improved influence and understanding of social care considerations in primary care decision-making

Key features of revised S75 agreement

In-depth review (see report in agenda papers) identified:

- Need for additional senior level resource (already resolved)
- More robust governance
- Improved join up of corporate approaches (estates, IT, HR processes, performance management, finance reporting)
- Other models were considered

Key features of revised agreement

- CQC quotation on working together:

“Older people often need to move between different kinds of care. When they do, all services involved in their care have a role in keeping them safe and helping them move smoothly between different aspects of their care – so they must work together.”

CQC: Beyond Barriers: How older people move between health and social care in England, July 2018

- Torbay and the Health Foundation’s ‘The Spread Challenge’
- Preference to build on what we have - developing best practice initiatives and learning from elsewhere

Recommendations for a future agreement

- 5 year agreement (3 years, plus 2)
- Flexible arrangement to allow other providers to join
- Focus on health delivery structures whilst maintaining integrity and commitment to Care Act responsibilities

**The view of members on the proposed S75
arrangement are welcome**