

# Committee: Merton Health and Wellbeing Board

**Date: 23 April 2013**

Agenda item: 5

Wards: All

## **Subject: Integrated Care in Merton**

Lead officer: Simon Williams, Director of Housing and Communities

Lead member: Councillor Linda Kirby, Cabinet Member for Adult Social Care and Health

Forward Plan reference number:

Contact officer: Clarissa Larsen, Partnership Manager Health and Wellbeing Board

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### **Recommendations:**

A To note and support the work programme on integrated care in Merton.

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## **1. PURPOSE OF REPORT AND EXECUTIVE SUMMARY**

1.1 It is a core duty of Health and Wellbeing Boards to promote integrated working between commissioners of health and social care services

*'not only having a role in promoting and supporting better integrated working between commissioners but also arrangements for integrated provision – joining up social care, public health and NHS services'.*

1.2 Merton Council has been working with Merton CCG and the local acute providers on an integrated care programme of work. This report sets out that work, the progress so far and the proposed way forward.

## **2. DETAILS**

2.1 There is broad agreement that the integration of health and social care is vital to address health and wellbeing needs within the resources available. Local authorities and CCGs – through HWBs have a duty to consider how existing flexibilities such as integrated commissioning can better meet health needs. The NHS Commissioning Board also has a duty to encourage the use of these flexibilities by CCGs.

2.2 In February Merton Council organised a high level meeting between the Council, CCG and the five NHS Trusts who serve Merton to consider how to make integration work in Merton. The facilitated session was well attended by

CEOs and medical directors as well as directors and was supported by NHS London. Representatives at Board level with both senior clinicians and managers attended from:

- Merton CCG
- Sutton and Merton Community Services: Royal Marsden Foundation Trust
- South West London and St Georges Mental Health Trust
- St Georges NHS Trust
- Epsom and St Helier NHS Trust
- Kingston Foundation Trust
- Merton Council

2.3 It was agreed that there should be a programme of action based on Merton, but with some flexibility across the three localities. The meeting was successful in agreeing the broad scope and governance arrangements for the work programme. It also identified some key issues.

2.4 From the discussion, key features of a well functioning integrated care system emerged:

- A shared ability to focus on the right people using risk stratification.
- Having a holistic approach involving the patient's physical, psychological and social needs.
- Effective patient centred case co-ordination, with there being one clear overall case manager for each patient.
- A flexible multi-disciplinary community based service, able to respond very quickly to patients' out of hospital needs.

2.5 Three key enablers also emerged from the discussion:

- Being able to share clinical information between organisations and professional groups.
- Enabling front line clinical staff to work together in new ways,
- Making the finances work so that money can follow the activity into the community.

2.6 In March a second meeting, at director level, took place to forward the work. This clarified the outcomes for the programme and the target population.

#### **Outcomes from the integrated care programme**

- Reduction in non elective admissions (or a reduction in the rate of growth in admissions) to the three acute trusts serving Merton.
- Reduction in lengths of stay in these three hospitals, subject to the financials being made to work so that funds can be used for community alternatives.
- Reduction in admissions to residential care or nursing homes.
- Increase in patient and carer satisfaction.

#### **Target population**

It was agreed that the target population should have the following factors:

- Over 75 years in age.
- High users of acute hospital services.

- Having two or more long term conditions, one of which is likely to be dementia.
- 2.7 The group also set some design principles and agreed next steps to take the programme forward including the governance structure of.
- Chief Executives and Medical Directors to form the over arching programme board.
  - The Senior Executive Group to meet monthly and be the group with responsibility for taking the programme forward.
  - Three locality groups to translate and operationalise into the localities, with a co-ordinating group to hold this together.
  - Project management to be in place for at least a year, with OPM support to help establish the programme.
- 3. ALTERNATIVE OPTIONS**
- 3.1 None for the purpose of this report.
- 4. CONSULTATION UNDERTAKEN OR PROPOSED**
- 4.1 None for the purpose of this report.
- 5. TIMETABLE**
- 5.1 As set out in the report.
- 6. FINANCIAL, RESOURCE AND PROPERTY IMPLICATIONS**
- 6.1 OPM support has been secured to help establish the programme.
- 7. LEGAL AND STATUTORY IMPLICATIONS**
- 7.1 It is a statutory responsibility of the Health and Wellbeing Board to promote integration of health and social care.
- 8. HUMAN RIGHTS, EQUALITIES AND COMMUNITY COHESION IMPLICATIONS**
- 8.1 None for the purpose of this report.
- 9. CRIME AND DISORDER IMPLICATIONS**
- 9.1 None for the purpose of this report.
- 10. RISK MANAGEMENT AND HEALTH AND SAFETY IMPLICATIONS**
- 10.1 None for the purpose of this report.
- 11. APPENDICES - THE FOLLOWING DOCUMENTS ARE TO BE PUBLISHED WITH THIS REPORT AND FORM PART OF THE REPORT**

- None

## 12 BACKGROUND PAPERS

- 12.1 Encouraging Integrated Working to Improve Services for Adults and Older People (NHS Confederation November 2012)  
<http://www.nhsconfed.org/Publications/Documents/encouraging-integrated-working.PDF>