

Committee: Merton Health and Wellbeing Board

Date: 23 April 2013

Agenda item: 6

Wards: All

Subject: Strategic Service Redesign of Health and Social Care

Lead officer: Simon Williams, Director of Community and Housing

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

Forward Plan reference number:

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

Recommendations:

- A To note the update on strategic service redesign of health and social care and agree this as a future standing item to the HWB.
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1. PURPOSE OF REPORT AND EXECUTIVE SUMMARY

- 1.1 There is a large scale strategic service redesign of health and social care services currently underway at a national and local level.
- 1.2 The Merton Health and Wellbeing Board is now a statutory body and should be fully apprised of the reconfiguration taking place and that proposed.
- 1.3 Service redesign of health and social care will be a standing item for the HWB in future to ensure all members are fully informed.

2. DETAILS

2.1 Better Services Better Value

- 2.1.1 The Better Services, Better Value review (BSBV) is looking at how health services in south west London and some parts of Surrey are provided Initially the review only covered the south west London area, including the

hospitals at Croydon, Kingston, St Georges and St Hellier. It has now widened include Epsom Hospital, so the review covers five hospitals rather than four.

- 2.1.2 Proposals have been developed for services in South West London, Epsom and the surrounding areas. HWB members who are not already familiar with these can find them in the recent BSBV publication The Case for Change December 2013 <http://www.bsbv.swlondon.nhs.uk/wp-content/uploads/2012/08/bsbv-case-for-change-summary-FINAL3.pdf>
- 2.1.3 BSBV advised that the programme board met in February and decided that, before going ahead with developing options for reconfiguration of services, more time should be given to engage local people in the case for change.
- 2.1.4 Merton Resident's Healthcare Forum are holding a BSBV meeting on 24 April at Wimbledon Bridge House contact mrhf2012@hotmail.co.uk BSBV is also carrying out an online survey on stand-alone midwife-led units link <http://www.surveymonkey.com/s/W77D99L>
- 2.1.5 Wider engagement work is continuing and BSBV still plan to progress a formal three month public consultation later this year.

2.2 Better Healthcare Closer to Home (BHCH)

- 2.2.1 It has been agreed that Merton CCG will continue with a BHCH Merton Programme Board including local commissioners with representatives from Merton CCG, the LB Merton, and the NHS Commissioning Board London.
- 2.2.2 This Board will oversee the work required to implement the BHCH programme relating to the Merton Local Care Centres and, when available, consider and performance manage the emergent Merton Out of Hospital Strategy. The Merton BHCH implementation programme will be supported by a project management team.

Eleanor Brown will give a further verbal update on BHCH at the HWB.

2.3 Social Care – Restructure of Locality Teams

- 2.3.1 The access and assessment functions of adult services in Merton Council are being aligned with the Merton CCG locality structure. This is in order to improve the seamless delivery of health and social services to Merton customers and patients, to improve their customer experience, reduce duplication and reduce inefficiencies across the Council, the CCG and other health providers.
Further details of the restructure are included in Appendix 1.

2.4 Children's Services

- 2.4.1 Strategic developments relating to Children's Services will be reported to the Children's Trust and /or Safeguarding Children's Board as necessary. Where the development has an impact on health and wellbeing the Cabinet Member for Children's Services or the Director of Children Schools and Families can decide to bring the item to the HWB for information and discussion.

3. ALTERNATIVE OPTIONS

- 3.1 None for the purpose of this report.

4. CONSULTATION UNDERTAKEN OR PROPOSED

- 4.1 As set out in the report further consultation on the BSBV programme is planned for later this year.

5. TIMETABLE

- 5.1 As set out in the report relating to specific developments/.

6. FINANCIAL, RESOURCE AND PROPERTY IMPLICATIONS

- 6.1 None for the purpose of this report.

7. LEGAL AND STATUTORY IMPLICATIONS

- 7.1 None for the purpose of this report.

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

Appendix 1 Restructure of East and West Locality Teams in preparation for Alignment with Health.

12. BACKGROUND PAPERS

- 12.1 BSBV publication The Case for Change December 2013
<http://www.bsbv.swlondon.nhs.uk/wp-content/uploads/2012/08/bsbv-case-for-change-summary-FINAL3.pdf>

Appendix 1

Restructure of East and West Locality Teams in preparation for Alignment with Health.

The access and assessment functions of adult services in Merton Council are being aligned with the Merton CCG locality structure. This is in order to improve the seamless delivery of health and social services to Merton customers and patients, improve their customer experience, reduce duplication and reduce inefficiencies across the Council, the CCG and other health providers. Key outcomes include:

- Reduction in hospital admissions
- Reduce the growth of number of patients who are over 75, high users of all services and have 2 or more long term conditions.
- Reduce the length of time spent in hospital
- An increase in patient satisfaction.

The imminent alignment with Health provides an opportunity for Access and Assessment to refine existing processes, practice and focus of the existing social work locality teams. On the 8th April 2013, the current East and West Assessment and Support Planning Teams will divide into 3 locality teams, in accordance with the 3 CCG localities. This means that the teams by which all customers will be supported by will be determined by who their GP is and not which ward they live in (as is current practice). By aligning customers in this way will hopefully strengthen working relationships within CCG localities and provide a co-ordinated approach to customers.

Adult Access and Assessment staff within the East and West Team have worked extremely hard to close or transfer current cases and service packages to ensure that the new teams are fully operational from the 8th April. A formal consultation was held with staff throughout February and they were asked their preference as to which team they would like to work in. Staff are now sitting within their new teams on the 11th floor in preparation for the new structure to commence.

Access and Assessment have started to work with the practice leads and community services to formulate how integration will work in the future. A preliminary workshop was held last Friday (22nd March 2013), where community services and access and assessment staff joined together to gain a better understanding of roles and responsibilities. This provided the 3 newly seconded senior social workers (who are working as health liaison workers within the new locality teams) an opportunity to network with community services and develop an action plan for partnership working.

Unfortunately, as practice leads were unable to attend this date, a further workshop is being organised imminently with the CCG practice leads to further define how integration could achieve the identified outcomes.