

UPDATE ON THE HEALTH AND WELLBEING STRATEGY AND THE BETTER CARE FUND

REPORT OF THE EXECUTIVE DIRECTOR OF PEOPLE SERVICES AND SUNDERLAND NHS CLINICAL COMMISSIONING GROUP

1. Purpose of Report

- 1.1 This report sets out the progress of the Health and Wellbeing Strategy from approval through to the development of an implementation plan.
- 1.2 It also sets out the context for the Better Care Fund and its contribution to the strategy.

2. Background

- 2.1 The Health and Wellbeing Strategy (HWBS) was published on 1st April 2013. The view of the Health and Wellbeing Board (HWBB) is that the majority of the activity needed to deliver the Strategy is already being carried out as part of day to day business – therefore the Strategy is focussed on capturing the difference the Board can make and concentrates on how things can be done differently in order to gain better outcomes for residents.

3. Strategy Progress

- 3.1 Each of the Strategy’s 6 objectives has a Sponsor and Lead appointed to them who are developing an implementation plan for their objective

Objective	Sponsor	Lead
1. Promoting understanding between communities and organisations	Cllr. Graeme Miller - Health, Housing and Adult Services Portfolio Holder	Jacqui Reeve – Washington Mind
2. Ensuring that children and young people have the best start in life	Cllr. Pat Smith - Children's Services Portfolio Holder	Sandra Mitchell – Head of Community and Family Wellbeing
3. Supporting and motivating everyone to take responsibility for their health and that of others	Cllr. John Kelly - Public Health, Wellness and Culture Portfolio Holder	Gillian Gibson – Consultant in Public Health
4. Supporting everyone to contribute	Nonnie Crawford – Director of Public Health	Berni Whitaker – Enterprise Manager

5. Supporting people with long-term conditions and their carers	Dave Gallagher – Chief Officer (CCG)	Debbie Burnicle – Director of Commissioning & Change (CCG)
6. Supporting individuals and their families to recover from ill-health and crisis	Cllr. Mel Speding - Cabinet Secretary	Neil Revely – Executive Director of People Services

- 3.2 The HWBS Implementation Group was created in order to take the Strategy forward. The Chair of the Group is Neil Revely (Executive Director of People Services) and the membership of the Group includes the Objective Leads and other contributors from across the council and its partners including the VCS, The University and NHS providers.
- 3.3 Implementation plans for each objective are currently being developed that focus on how things can be done differently and incorporating the Strategy’s design principles: Strengthening Community Assets; Prevention; Early Intervention; Equity; Promoting Independence and Self-Care; Joint Working; and Addressing the factors that have a wider impact on health and life course.
- 3.4 The emphasis within the Strategy is upon doing this differently, this in turn means that the implementation plan must take a wholly new approach to improving the health of residents, by changing the way in which current services are provided and looking to alternative ways of improving the health of residents.
- 3.5 In doing so the intention is to make residents, wherever possible and appropriate: much more resilient and able to understand and address their own health needs, independent and empowered and less reliant on public services. The manner in which services are provided will change with greater emphasis and reliance on volunteers, existing community networks and the VCS, thereby mobilising, building on and making better use of existing community strengths
- 3.6 The Draft Implementation Plan for the Strategy is to be presented to the HWBB on the 16th May 2014.

4. Health and Social Care Integration

- 4.1 One of the key elements of the Strategy is Joint Working – which is translated in practice into shaping and managing cost effective interventions through integrated services.
- 4.2 There is recognition nationally and locally that the public, clients and patients do not always experience good quality, joined up health and social care services. Often they have to try and navigate around a complex system which inevitably leads to health and health care seeking behaviours which create additional pressures on the system with no added benefit to patients or clients.
- 4.3 Within Sunderland, a significant amount of work has been progressed to create the conditions for integration and alignment of resources at various levels across the city.

There is a strong track record of aligning resources towards certain targeted client groups, key outcomes and also at an area or neighbourhood level to better meet local needs (both formally and informally) and developing local responsive services.

- 4.4 Building upon the work that has been progressed, the vision for integration in Sunderland, which was approved by the Board in November 2013, lies in transforming the way health and social care works together.

The vision is to ensure that local people have easy and appropriate access to health and social care solutions which are easy to use and avoid duplication. By doing this we will work with citizens, patients, and carers, as well as those who can support those solutions, including health and social care providers to change behaviours to ensure appropriate care, in the right place at the right time.

The new system will consist of truly integrated multi-agency working so that local health and social care systems work as a whole to respond to the needs of local people. It will support people to be in control and central to the planning of their care so they receive a service that is right for them.

Integrated services will be bring together social care and primary/community health resources into co-located, community focussed, multi-disciplinary teams, linking seamlessly into hospital based and other more specialised services (vertical integration).

- 4.5 This will be supported by:
- Integrated working between health and social care to assess people's needs
 - Integrated working to plan and manage care to ensure continuity
 - Anticipatory case finding, supporting a prevention model
 - A single engagement process for the people of Sunderland to influence and inform service development
 - Integrated IT systems allowing information to be shared amongst those who need it, including the individuals themselves
 - Working differently to nurture community resilience

5. Better Care Fund

- 5.1 Within the context of integration, the Better Care Fund was announced in late 2013, bringing together a number of existing funds between the local authority and CCG into one central pot, The national guidance issued in a joint letter from the Local Government Association and NHS England in October 2013 recognises that the :

“£3.8bn pool brings together NHS and Local Government resources that are already committed to existing core activity. (The requirements of the fund are likely to significantly exceed existing pooled budget arrangements). Councils and CCGs will, therefore, have to redirect funds from these activities to shared programmes that deliver better outcomes for individuals.”

- 5.2 The plan for 2015/16 needs to start in 2014 and form part of a five year strategy for health and care integration. Part of the better care fund will be linked to performance and further information is awaited on this aspect. Related performance measures are likely to include:
- Delayed transfers of care
 - Emergency admissions
 - Effectiveness of reablement
 - Admissions to residential and nursing care
 - Patient and service user experience.
- 5.3 A template was provided to assist with the development of the Better Care Fund Plan and national conditions have been defined to include:
- Plans to be jointly agreed
 - Protection for social care services
 - 7 day services at weekends
 - Improved data sharing including being specifically based on the NHS number
 - Joint approach to assessment and care planning
 - Agreement on the impact of changes in the acute sector.
- 5.4 The national fund equates to £3.8bn pooled budget which is likely to mean a minimum of £24m for Sunderland and will be created from: Core NHS funding and funding composed of:
- Carers Breaks
 - CCG Reablement funding
 - Capital funding e.g. Disabled Facilities Grant
 - Existing transfer from health to social care
 - Additional transfer from the NHS to social care
- 5.5 The council completed the outline template for the draft by the deadline of 14th February and has recently submitted the final version for the deadline of the 4th April.

6. Conclusion & Recommendations

- 6.1 Members of the Scrutiny Committee are invited to comment on the progress of the Health and Wellbeing Strategy and proposals for Better Care.

7. Background Papers

Sunderland Health and Wellbeing Strategy 2013

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