

HEALTH AND SOCIAL CARE INTEGRATION (INCLUDING THE INTRODUCTION OF AN INTEGRATION TRANSFORMATION FUND)

Joint report of the Chief Officer Sunderland Clinical Commissioning Group and the Executive Director of People Services

1. PURPOSE OF REPORT

- 1.1 Sunderland Health and Well Being Strategy will deliver the “Best possible health and wellbeing for Sunderland ...by which we mean a city where everyone is as healthy as they can be, people live longer, enjoy a good standard of wellbeing and we see a reduction in health inequalities.”
- 1.2 One of the key elements of the strategy is Joint Working – shaping and managing cost effective interventions through integrated services.
- 1.3 There is a 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.
- 1.4 The purpose of the report is to set out a vision for the integration of Health and Social Care in Sunderland to address these issues and to set out how we will develop plans for the Integration Transformation Fund (ITF) to support our vision.

2. BACKGROUND

- 2.1 The Health Act and the Care Bill both set out the policy context in relation to the vision for integration. The system of health and social care is under more pressure than ever before. People may be living for longer, but often they are living with several complex conditions that need constant care and attention, conditions like diabetes, asthma or heart disease. And this is not only about older people – children born with complex conditions are now living to adulthood, while those with learning disabilities and other groups have lifelong needs. All these people need continuous care and support, and the right systems and resource to enable that.
- 2.2 The Health and Social Care Act 2012 introduced the requirement for Health and Well Being Boards (HWBB) with the primary aim of improving health and wellbeing of their local population and reduce health inequalities. HWBB are responsible for developing Health and Well Being Strategies for their respective areas, driving the integration agenda to ensure local needs are

understood, priorities are agreed and care and support services are working in a joined-up way.

- 2.3 At a local level, one of the 3 core goals of NHS Sunderland Clinical Commissioning Group is to integrate health and social care to help deliver its overall vision of *Better Health for Sunderland* and this has been supported through local engagement with patients, public and elected members. This goal is shared by the City Council, as it is recognised that integration will improve the lives of vulnerable people in Sunderland.
- 2.4 The June 2013 Spending Round announced the establishment of a Integration Transformation Fund from 2015/16, designed to further drive the Integration Agenda.
- 2.5 The fund is intended to be a catalyst to improve services and achieve value for money through organisations agreeing a joint vision of how integrated care will improve outcomes for local people and achieve efficiencies. It will require commitment among partners for accelerated change.

Vision for Integration in Sunderland

- 2.6 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.
- 2.7 Building upon the work that has been progressed, the vision for integration in Sunderland lies in transforming the way health and social care works together.
- 2.8 *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).

- 2.9 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

System Design

- 2.10 Integration of health and social care for the benefit of the individual will require a redesign of the system. As outlined earlier, work has been progressed and the following sets out the key work streams that will need to be further developed:

- Development of an overall operating model with clear pathways for local people through health and social care but with clear links to other integrated city and locality based services that act to prevent and reduce dependency of intensive services and taking a wider community and family based approach
- Development of an operating model for each of the five areas of the city (supporting the overall model) based on health and social care providers working as integrated locality teams and vertically integrated with hospital and other more specialised services
- Development of fully integrated client and patient-centred commissioning arrangements across health and social care and a joined up way of engaging and working better with key service providers and their staff.
- Joining up of shared intelligence building on work already started around predictive modelling and more effective monitoring of people's life courses through the development of an Intelligence Hub.
- Developing a more user focussed way of working across the board in Sunderland aligning to the key design principles – wider engagement and participation activities and demand management/changing behaviours

- 2.11 The outcomes Sunderland wants to achieve from integrated working include:

- Supporting people to live at home
- Reducing number of people admitted to long term residential/ nursing care.
- Improving the diagnosis rate for dementia
- Increasing the number of people diagnosed with depression being referred for psychological therapies

- Reducing unplanned hospitalisation for chronic ambulatory care sensitive conditions
- Reducing emergency admissions for acute conditions that should not usually require hospital admissions
- Reducing emergency readmissions within 30 days of discharge
- Improving patient experience by reducing waiting times in A&E.
- Improving quality of life for vulnerable families and their communities
- Supporting carers in a co-ordinated manner
- Greater trust in and satisfaction with the public sector and service providers
- Generating the required efficiencies

Planning and Implementing Integration

- 2.12 As the funding challenges continue, the integration agenda sets the context for achieving significant efficiencies for health and social care system as a whole. However, this can only be achieved if resources are used appropriately and people are diverted from costly and intensive services (hospital and residential/nursing care) to locality integrated systems, which support people to achieve outcomes through delivery of care and support in communities.
- 2.13 Integration at a locality level therefore needs to focus in the first instance on the cohort of people that are currently cared for in hospital but could be safely cared for at home or in a community setting, if the right integrated services were available.
- 2.14 Without this focus, efficiencies will not be released and outcomes for individuals will not be achieved as intended through the integration agenda.

3. CURRENT POSITION AND PROGRESS

- 3.1 NHS Sunderland CCG and The People Directorate in Sunderland City Council have been working on joining up commissioning support resources to enable staff in both organisations to commission services on behalf of both parties where it makes sense to do so e.g. continuing health care
- 3.2 Building on the Health and Well Being Strategy and the CCG's Commissioning Plan, a number of major transformational programmes in Sunderland are underway, all being developed and delivered with key partners including relevant service providers.
- 3.3 Many of these are designed to provide care closer to home and reduce the demand on hospital services for mental and physical illness and injury to improve care and to enable a shift of resources from the hospital setting to the community.
- 3.4 These programmes are managed through four programme boards consisting of key stakeholders. These are the Unscheduled Care Board, Prevention and

Planned Care Programme Board, the Mental Health and Learning Disabilities Board and a Joint Commissioning Board

3.5 Work programmes include:

Preventing people from dying prematurely

Decreasing potential years of life lost from causes amenable to health care

- Musculoskeletal programme
- Reducing procedures of limited clinical value

Enhancing the quality of life for people with long term conditions

Reduce unplanned hospitalisation for chronic ambulatory care sensitive conditions

- Person centred coordinated care in Localities in Sunderland to address the current fragmentation and multitude of community services
- Telehealth
- Reviewing acute pathways including length of stay for diabetes
- Implementation of rehabilitation pathways

Increase the number of people with depression referred for psychological therapies receiving it

- Further development of primary care mental health services
- Physical health checks for those with severe mental health and learning disabilities

Supporting people to live independently

Reduce admissions to long term care

- Development of Time to Think pathway for people who are discharged from hospital and potentially require long term care
- Further development of Extra Care Schemes across the City of Sunderland Council
- Review care and support at home solutions

Helping people recover from episodes of ill health following injury

Reduce emergency admissions for acute conditions that should not usually require hospital admission

- Development of a range of ambulatory care pathways
- Implementing the review of minor injuries unit and urgent care integrated service including a review of Out of Hours GP services
- Further development of children's and young peoples' mental health services
- Exploring innovative options for same day access to GP services
- Community and urgent care pathways in mental health including mental health liaison in acute hospitals

Reduce emergency readmissions within 30 days of discharge from hospital

- Improving the quality of health care in Care Homes
- Development of intermediate care hub including admission avoidance and early supported discharge.

4. PROPOSED WAY FORWARD

- 4.1 The HWBB should oversee the delivery of the vision. To enable this the role and membership of the existing Joint Commissioning Programme Board should be reviewed and rebadged as the HWB Integration Programme Board. The Board would be supported by a Joint Commissioning unit and the HWB's NHS Provider Advisory Board.
- 4.2 Arrangements will be developed to ensure co-ordination of the integration programme with regular reporting into the Health and Wellbeing Board and into its constituent statutory organisations. Current work programmes will be reviewed against the integration plan and prioritised accordingly. Gaps can be identified and new workstreams added where/if necessary.

5. THE INTEGRATION TRANSFORMATION FUND

- 5.1 We should use the frameworks being established as a result of the fund being created to support the implementation of our vision for integration.
- 5.2 The fund is to be established in 2015/16 and allocated to local areas where it will be put into pooled budgets under joint governance between CCGs and local authorities. A condition of accessing the money is that CCGs and local authorities must jointly agree plans for how the money will be spent. Health and Wellbeing Boards will sign off the initial plan for their area by 15 February 2013.
- 5.3 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.”

Health and Wellbeing Boards are therefore encouraged to extend the scope of the plan and pooled budgets.

- 5.4 The plan for 2015/16 needs to start in 2014 and form part of a five year strategy for health and care.

5.5 Part of the ITF 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.

5.6 A template has been provided to assist with the development of the ITF 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.

5.7 The national fund equates to £3.8bn pooled budget which is likely to mean £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

5.8 Sunderland health transfer to social care in 2013/14 will be £5,611,337 allocated specifically for the provision of a range of agreed services.

5.9 Sunderland is likely to be allocated an additional £1.26m of the additional transfer from the NHS to social care in 2014/15 and the full £24m for the ITF from 2015/16.

5.10 While further national guidance is promised in December 2103, it is essential that work continues to progress and indeed is accelerated where necessary to gain the momentum necessary for success.

6. RECOMMENDATIONS

The Health and Wellbeing Board is asked to agree:

- 6.1 to the vision for integration
- 6.2 the establishment of an Integration Programme Board
- 6.3 that the Board establishes an overall Integration Plan and reviews and coordinates the various current activity as outlined in section 4 of this report
- 6.4 to the establishment of the Joint Commissioning Unit
- 6.5 the Commissioning Unit develops the ITF Plan (outlined in Appendix 1)
- 6.6 that a further report is received in January setting out progress and presents a draft ITF plan

7. AUTHORS

Neil Revely
Executive Director People Services
Sunderland City Council

David Gallagher
Chief Officer
NHS Sunderland CCG

November 2013

Appendix 1

Process For Developing the Joint Plan to Access The Integration Transformation Fund

Action	Lead	Timescale
Circulate the proposals for a joint commissioning unit for consideration/agreement between the CO (CCG) and Executive Director(LA) with the aim of operating in shadow form ASAP	Executive Director People Services/ Chief Officer CCG	ASAP
Build on the mapping of the 13/14 health transfer to social care to include all other services supported by the current budgets which will move into the ITF	Lead Officer for integrated health and social care in the joint commissioning unit.	November 2103
Present full current spend against proposed ITF to the joint meeting of CCG Directors and LA Head of Integrated Commissioning	Lead Commissioners, Sunderland City Council & Clinical Commissioning Group	11th November 2013
Set out Joint Priorities for transformational change from both CCG and LA for discussion at the November Joint Commissioning Programme Board	Lead Officers, Sunderland City Council & Clinical Commissioning Group	11th November 2013
Development Session for the Joint Commissioning Programme Board and the Unscheduled Care Programme Board (including the Area Team and Providers) to review the potential joint priorities <i>and compare to the list of existing spend/services</i> under the ITF and conclude the scope of the ITF Plan.	Lead Commissioners, Sunderland City Council & Clinical Commissioning Group	December 2013 – date tbc
Compile detail required to complete the IFT Template linked to the agreed joint priorities/joint schemes	Lead Officers, Sunderland City Council & Clinical Commissioning Group	January 2014
Submit the joint Plan	HWBB	15th February 2014.

NOTE: Update the Health and Wellbeing Board at its formal bi monthly meetings and the bi monthly HWBB Development Sessions so that the HWBB are aware of progress and are able to comment from November 2013. Draft plan to be presented at its January meeting and sign off the final plan at its February Development meeting.

