Connecting Care Across Cheshire

Expression of interest to be an Integrated Care Pioneer

Submitted on behalf of West Cheshire Health & Wellbeing Board and East Cheshire Health & Wellbeing Board

June 2013






OUR PROPOSAL: Within three years the residents of Cheshire will enjoy a better standard of health and wellbeing and place less demand on more costly public services through the implementation of groundbreaking models of care and support based on integrated communities, integrated case management, integrated commissioning and integrated enablers. The main focus will be those cohorts such as older adults with long term conditions and complex families and that are currently not well served by models of care and require a seamless solution. This radical approach as well as benefiting local residents can be replicated, adopted and adapted in other localities.

Cheshire West and Chester

NHS Eastern Cheshire Clinical Commissioning Group

NHS South Cheshire Clinical Commissioning Group

NHS Vale Royal Clinical Commissioning Group

NHS West Cheshire Clinical Commissioning Group

Cheshire East Council

1. An Introduction to Cheshire

Who are we? The following expression of interest covers the geographic area of Cheshire, as covered by the Cheshire East and Cheshire West Health and Wellbeing Boards. It is fully supported by the two Local Authorities of: Cheshire West and Chester Council and Cheshire East Council, along with the four Clinical Commissioning Groups working in the Borough, including; NHS Eastern Cheshire CCG, South Cheshire CCG, Vale Royal CCG, and West Cheshire CCG. These areas are covered by our hospitals: Countess of Chester NHS Foundation Trust, East Cheshire NHS Trust, Mid Cheshire NHS Foundation Trust, Cheshire and Wirral Partnership NHS Foundation Trust. With an estimated combined health and social care budget of £1.3 billion, there is a clear commitment from all partners including providers and third sector agencies to work together in a joined up way.

The document outlines our shared commitments across Cheshire but also sets out our detailed plans on a locality basis covering West Cheshire, Mid Cheshire, and East Cheshire.

What are our shared challenges?: The area includes approximately 700,000 residents, with a rich diversity of urban centres such as Chester, Crewe and Macclesfield, alongside market towns and rural communities. Whilst the area is relatively affluent it does face a number of local challenges. The population of West Cheshire is ageing, with the number of people aged 65 and over forecast to increase by 19,500 (26%) from 2010 – 2020, and the number of residents over 85 estimated to grow by 3,000 (41%). This challenge is mirrored in East Cheshire which has the fastest growing demographic of residents over 65 and 85 in the North West of England. This translates into a financial growth pressure of £19.1million in West Cheshire over the coming five years, and for East Cheshire organisations the financial challenge is in excess of £36million over the coming three years. In broad terms, this cohort represents approximately 30% of the population, but consumes 70% of the total Health and Social Care spend. Local residents over the age of 85 often require support with long-term conditions, but are confronted with a system of care that can be fragmented, disjointed, and designed to be acute based and episodic. In addition, organisations across Cheshire are working to address the challenge that around 1,100 families with complex needs place on the public purse, estimated at £83.3million annually. This group would benefit significantly from early and integrated support services covering mental health, physical health, public health, social care, housing and other key agencies. Quite simply, the current configuration of services does not meet the needs of individuals, families and communities in a coherent way, and certainly will not meet the collective financial challenges now and in the future, unless we implement radical reform.

Why do we want to collaborate across Cheshire? Both Health and Wellbeing Boards have ambitious plans in place that will deliver better outcomes through integration. Partners, however, have recognised the opportunity to work together across the patch for the following four reasons:

1. ***Patient flows across the health economy*:** The boundaries that exist across organisations in Cheshire do not reflect the flow of patients and residents when interacting with services. This application across Cheshire presents the opportunity to address the transfers, referrals, and movement of services users in the area.
2. ***Capacity to make it happen:*** By pooling together the talent and expertise of four CCGs, two Local Authorities and a range of providers we are more likely to achieve results with greater scale and pace.
3. ***A track record of partnership working across the geography*:** The County of Cheshire has a long-history of working in partnership, formally a single County Council, with a number of partners such as police, Fire and Rescue, Cheshire and Wirral Partnership Trust, and Job Centre Plus already working to a wider Cheshire geography.
4. ***The opportunity to showcase an area with similarities to many communities across the UK*:** The County of Cheshire reflects a number of challenges that will exist elsewhere in the UK, as it contains urban areas, market towns, and rural communities.

What does integrated care mean to us? Integrated care is about people not process. Through the vast engagement that partners have conducted across Cheshire and the results of National Voices programme we are able to use this adapted case study to describe the changes that will be made from the perspective of service users, staff and communities:

Charlie and Marie (older residents living in Nantwich): *Our care makes sense to us. Our key worker Sue sorts out all the things we said we needed to live at home and always keeps us up to date. She's treated us like adults and by bringing everything together quickly we have been helped to achieve our goal of staying together after Charlie was diagnosed with dementia.*

Sue (social worker from Winsford): *I've always worked closely with colleagues in health and housing but things now are so much more easier to get sorted. It now happens by design rather than accident. I work in a joint case management team where all agencies agree a joint plan for the individuals and families that used to get passed from pillar to post. I feel supported by my organisation and other partners to use my professional judgement to make things happen and I've learned a huge amount by understanding how we all play a part. Its common sense really – if we all work together we avoid falling over each other, we make our budgets go further and we deliver a better service for the most vulnerable members of our community.*

Carol (daughter of Charlie and Marie): *My mum and dad live over in a rural area of Nantwich but are well looked after in their community. The services in the area have all clubbed together to fund a volunteering scheme which means that mum and dad always have someone to help them with little things like the shopping and the ironing. They also have been told about all the things that are available in the area and they really appreciate the new friends they have made. As well as being good for them I really value the support network that has grown around them.*

This narrative is taken from individuals receiving services in Cheshire and will be communicated widely to describe the purpose of our approach. This will inform a number of guarantees outlining the changes for our communities.

Why Cheshire?

We believe our expression of interest is worth consideration for the following five reasons:

- **Learning for other localities**: The commitment to take a locally sensitive approach across the varying communities of Cheshire will generate a range of proposals which will be applicable to most localities across the U.K.
- **A commitment to scale and pace**: Our shared ambition to deliver radical change across Cheshire will cover an area of 700,000 citizens and £1.3 billion of health and social care expenditure
- **A proven track record**: We have a large number of examples of delivering transformation, collaborative leadership and integrated care
- **Clarity on our plans**: We have already begun to scope what we will deliver through this opportunity and how we can combine the capability and expertise of four CCGS and two Local Authorities to make it happen
- **A clear ask to Whitehall**: We also have clarity on the technical support that will help us achieve our vision with real scale and pace

2. A Compelling Vision for 2015

We are committed to ensure that individuals in Cheshire stop falling through the cracks that exist between the NHS, social care and support provided in the community, and we will avoid:

- duplication and repetition of individuals experience, with people having to re-tell their story every time they come into contact with a new service
- people not getting the support they need because different parts of the system don't talk to each other or share appropriate information and notes;
- the "revolving door syndrome" of older people being discharged from hospital to homes not personalized to their needs, only to deteriorate or fall and end up back in A&E
- home visits from health or care workers are not coordinated, with no effort to fit in with people's requirements
- delayed discharges from hospital due to inadequate coordination between hospital and social care staff.

We will move away from commissioning costly, reactive services and commission those that will develop self-reliance, improve quality of care, reduce demand and take cost out of the system for re-investment into new forms of care. Across Cheshire we are aligning our commissioning approaches and where relevant jointly commissioning services to deliver consistency and integration in the wider service landscape.

By 2015, the communities of Cheshire will experience **world class** models of care and support that are **seamless**, high quality, cost effective and locally sensitive. **Better outcomes** will result from working together with:

- **Better experiences** of local services that make sense to local people rather than reflecting a complex and confusing system of care
- More individuals and families with complex needs are able to **live independently and with dignity** in communities rather than depending on costly and fragmented crisis services
- **Enhanced life chances** rather than widening health inequalities

Every community in Cheshire is different and local solutions will reflect local challenges. But our action will be united around **four shared commitments**:

1. **Integrated communities**: Individuals will be enabled to live healthier and happier lives in their communities with minimal support. This will result from a mindset that focuses on people's capabilities rather than deficits; a joint approach to community capacity building that tackles social isolation; the extension of personalisation and assistive technology; and a public health approach that addresses the root causes of disadvantage.

2. **Integrated case management:** Individuals with complex needs - including older people with longer term conditions, complex families and those with mental illness will access services through a single point and benefit from their needs being managed and coordinated through a multi-agency team of professionals working to a single assessment, a single care plan and a single key worker.

3. **Integrated commissioning**: People with complex needs will have access to services that have a proven track record of reducing the need for longer term care. This will be enabled by investing as a partnership at real scale in interventions such as intermediate care, re-ablement, mental health services, drug and alcohol support and Housing with support options.

4. **Integrated enablers**: We will ensure that our plans are enabled by a joint approach to information sharing, a new funding and contracting model that shifts resources from acute and residential care to community based support, a joint performance framework, and a joint approach to workforce development.

   We recognise that the current position of rising demand and reducing resources make the **status quo untenable**. Integration is at the heart of our response to ensure people and communities have access to the care and support they need.

3. A blueprint for whole-system integration

The following section outlines further detail on the key changes that will be made as a pioneer site both across Cheshire and for each of our three localities:

Pan-Cheshire

Our Commitment	What does this mean?	Key Stakeholders
Integrated communities	• Delivering a joint investment plan for the voluntary community sector prioritising investment in activity which reduces demand for longer term demand on acute and specialist services; • Implementing a joint information and advice strategy to help individuals make informed choices about their care • Rollout of personal health and social care budgets to enhance local choice, independence and local microenterprises; • Jointly commissioned initiatives to encourage volunteering such as time banks and community coordinators, particularly to tackle issues around social isolation; • Integrated support for carers across health and social care. • A suite of interventions that tackle the causes of unhealthy lifestyles • Rolling out timebanks to attract volunteers and mutual support networks • Rolling out the Paramedic Pathway programme and further development of developing community pathways, bridging the liaison between health and social care, at the same time avoiding A/E attendances and promoting self care models	• All residents across Cheshire • The voluntary and community sector • Public Health • All health and social care services • Wider health and social care providers • North West Ambulance Service
Integrated case management	• A single point of access into services in each area. • A risk stratification tool to identify target populations requiring joined-up support • Real and virtual case management teams each working with patient populations of between 30,000 and 50,000. • A common assessment tool to support the sharing of information across professionals with joint information systems to support collaboration. • Care coordinators and lead professionals who will hold the case, step up and step down the appropriate interventions and help the individual and family navigate the system. • Develop a Multi-Agency Safeguarding Hub covering both Adults and Children's that will enable strategic safeguarding leads to work closer together	• Complex families (as per locally defined troubled families cohort) • Individuals with mental health issues • Older adults with long terms conditions • All health and social care services • Vulnerable Children and Adults • Ambulance service
Integrated commissioning	• A redesigned model of bed-based and community-based intermediate care to enable demand for long term care to be better managed. • A full package of interventions which support older adults to live in their own home including assistive technology, admission avoidance/hospital discharge schemes and reablement. • Scaled-up plans for Supported Housing to maximise independence within an additional supported environment. • Evidence-based interventions to support families requiring additional support including triple P and Family Nurse Partnership. • A jointly commissioned community equipment service • A jointly commissioned offer for children in care • A jointly commissioned offer for children with disabilities • Jointly commissioned drug and alcohol services across health and social boundaries. • Move towards a coalition approach to co-ordinated care. • An Integrated Wellness Service that addresses the root causes of poor health outcomes alongside other partners outside of Health and Social Care.	• Clinical Commissioning Groups and Local Authority Commissioners • Transitional care providers • Strategic Housing and Planning • Emergency Services
Integrated enablers	• A joint approach to information sharing • Development of a single case management ICT system • A new funding contracting model to ensure that incentives are in place to shift activity from acute provision to community based care (likely to include capitation or cap and collar supported by new contracting models such as prime provider models, joint ventures or accountable care organisations)	• All health and social care services • Acute Foundation Trusts • Community Health Providers • Monitor • Information Commissioner

Locality Plans

1. West Cheshire (West Cheshire CCG, Cheshire West and Chester Council and key partners)

This area covers a population of approximately 250,000 people and includes key urban areas such as Ellesmere Port, Chester, and a number of rural communities. The main providers of care in this locality are the Countess of Chester Hospital, Cheshire and Wirral Partnership Trust, and Cheshire West and Chester Council, with 37 GP practices based in this area. The area participated in the Whole place community budget programme as one of four national pilots that developed robust business cases for integration. These plans are currently being implemented and are reflected below:

Our commitment	What does this mean?
Integrated communities	• Investment in time banking models to foster community delivery and create a closer link between residents and their neighbourhoods. • Extension of of telecare and telehealth to support residents to be safely supported to live independently in their own homes for longer. This approach supports the Department of Health's 3million lives campaign which is based on the principle that if implemented effectively as part of a whole system redesign of care, telehealth and telecare can alleviate pressure on long term NHS costs and improve people's quality of life through better self-care in the home setting • A new third sector strategy jointly agreed across partner agencies, setting out an investment plan for voluntary and community sector support • Extension of personal health and social care budgets
Integrated case management	• A single point of access to health, social care and other key services • Delivery of an integrated early support case management team to support complex families (currently operational in a testing phase with partners working together from health, local authority, police, probation, job centre plus) • Further rollout of 7 integrated care management teams (two early adopters already in place with staff from health and social care aligned to GP surgeries) • Mental health joint case management teams are already in place. Programme budgeting will also enhance and support joined up service provision for both Mental Health and Learning Disabilities
Integrated commissioning	• A multi-agency approach to introducing a single Falls Pathways across West Cheshire • Extra Care Housing • A joint specification for Care Homes for all long stay including residential, nursing, dementia for older people, learning disabilities, mental health and physical disabilities. Undertaking a review of transitional care with partner agencies looking at both community and bed based services • Explore the scale up of the successful Hospital at Home project • Review End of life care to ensure provision **o**f 24/7 community palliative care nursing for both children and adults. • The planning and development of the Integrated Provider Hub for mental health commissioning, which has provided opportunities to identify and pilot different ways of commissioning contracting and funding services. Using this learning there are plans to identify opportunities to use these principles for the commissioning of learning disability services. • There is a joint commissioner post for mental health and learning disabilities across the Local Authority, West Cheshire CCG and Vale Royal CCG
Integrated enablers	• Workforce development plan to compliment joint working • Information sharing agreements between GP practices and community services • A new funding and contracting model for the acute sector and community care is being scoped to review opportunities to move toward outcomes based commissioning. • In 2013/14 the CCG has used contracting levers with the Countess of Chester NHS Foundation Trust to support transition arrangements aimed at improving capacity, demand, patient experience and quality thereby supporting the whole system approach. • The CCG is working alongside Chester University in developing and implementing specific learning set modules for the Integrated Teams.

2. Mid-Cheshire (including Vale Royal Clinical Commissioning Group, South Cheshire Clinical Commissioning Group, Cheshire West and Chester Council and Cheshire East Council)

This locality has a population of approximately 278,500, and includes 30 GP practices (18 in South Cheshire CCG, 12 in Vale Royal CCG). This area covers a proportion of Cheshire East, and Cheshire West and Chester Council. The two Clinical Commissioning Groups share a management team to provide efficiencies. Patient flows to the DGH have illustrated that 92% are from people living within the boundaries of the two Clinical Commissioning Groups. There are significant financial pressures that exist within the health and social care geographies in this locality, and this is due in part to a relative lack of deprivation against national benchmarking making it difficult for local organisations to individually draw resources to create the headroom for innovation.

The local Partnership Board recognises the work that is already taking place with regards to developing integrated services to meet the needs of the local communities. Our approach so far has been to deliver integrated services locally, led by empowered staff groups and with a clear focus on improving outcomes and reducing health inequalities. This has engaged frontline health and social care staff, clinicians, patient groups, the voluntary sector and commissioners. The Partnership Board has now acknowledged the

need for further work to produce an integrated plan that will ensure this 'bottom up' approach is coordinated and meets the needs of the local HWB strategies to achieve real scale and pace.

Our commitment	What does this mean?
Integrated communities	• Investment in time banking models to foster community delivery and create a closer link between residents and their neighbourhoods. • Extension of schemes such as Street Safe and Nominated Neighbourhoods that promote social inclusion, supporting older people to feel safe within their communities. • Deliver Falls Awareness training to all frontline staff through online learning, and develop and implement a new approach to Community Transport Grants that support local transport initiatives. • Partners in Vale Royal are currently working with the Systems Leadership Pilot to develop and deliver a fully costed plan to tackle social isolation. • Extension of telecare and telehealth to support residents to be safely supported to live independently in their own homes for longer. • A new third sector strategy jointly agreed across partner agencies, setting out an investment plan for voluntary and community sector support . • Extension of personal health and social care budgets
Integrated case management	• The integration that has already taken place regarding the creation of Mulit-Agency Neighbourhood Teams provides a strong foundation for local partners to build on. Within this project there are in-built review dates that will enable partners to monitor the progress to-date, and capture the lessons learnt so that this model could potentially be extended to new areas, and improved as it develops. • Integrate secondary care clinicians (particularly community physicians and geriatricians) and GPs as part of the integrated care model • Delivery of an integrated early support case management team to support complex families (currently operational in a testing phase with partners working together from health, social care, police, probation, job centre plus) • There is a pooled budget for Learning Disabilities with Cheshire East Council and we have developed our approach through a a Learning Disability Life Course service review which includes both Children's and Adults.
Integrated commissioning	Jointly commissioned interventions covering: • Falls • Extra Care Housing • Community Equipment • Transitional care (South Cheshire CCG and Vale Royal CCG are investing resources in intermediate care to address a gap in the provision of services that previously failed patients in a community setting. Following a point prevalence study it was found that 32% of admissions could be avoided, and 39% of patients could be discharged with the appropriate community support. In reaction to this research the two CCGs have committed approximately £1.6million to develop integrated intermediary care) • Learning Disabilities • The 'First Steps Pathway' developed with Mid Cheshire Hospital Trust will ensure that any child aged 0 - 2.5 years with a complex 'stable or unstable' health condition will experience a planned and robust transition from Secondary Care to Community Provision through a provider partnership that includes CEC and CWAC Children's Services, Community Nursing, Secondary Care Clinicians and Community Paediatrics. This process ensures any child that leaves the area to attend a Specialist Children's Hospital will remain the responsibility of the Local Paediatric Consultant and that they will ensure a smooth transition back into local services. This programme helps to inform local commissioners of information on complex cases at the earliest possible moments, and promotes health and care that is centred on the need of local residents and families. This programme was funded through a CQUIN programme within Mid Cheshire Hospital Trust agreed with South and Vale Royal CCGs.
Integrated enablers	• Workforce development plan to compliment joint working • Deliver measurable goals to improve patient experience. • Develop patient orientated standards for integrated care. • A new funding and contracting model will be developed to ensure the funding of support shifts from acute setting to community based care. The Clinical Commissioning Groups are in dialogue with other partners around this agenda and are committed to a feasibility study to identify alternative models and the opportunities for risk share. This will include a system of payments for specialists and GPs working in community settings in integrated teams, incentivising their organisations to keep people well and out of long term care. Potential issues with competition law will require technical support and advice to ensure any barriers are addressed within the current legislative framework.

3. **East Cheshire** (including NHS Eastern Cheshire CCG and Cheshire East Council)

This area covers a population of approximately 201,000 residents, and includes the urban areas of Macclesfield, Congleton, and Knutsford. Whilst life expectancy is above the national average, there are significant disparities between areas. The main causes of premature death are circulatory and respiratory disease, cancers, and diseases of the digestive system, with particular links back to lifestyle issues of obesity and alcohol consumption. This area includes 23 GP practices, and works closely with the Local Authority of Cheshire East.

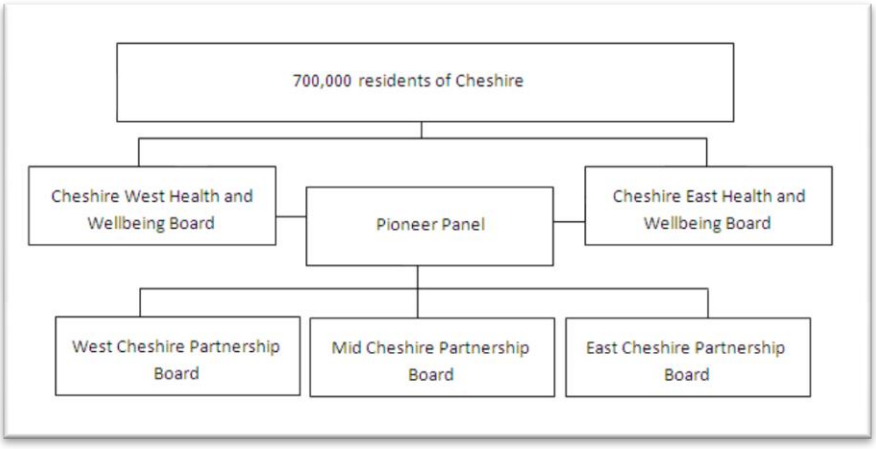
A partnership of health and social care organisations have developed a shared vision across Eastern Cheshire that is called 'Caring together' – joined up local care for all our wellbeing. This is aimed at bringing about a radical shift in care from a reactive hospital based approach to a proactive community based care model. Our approach is patient-centred and will use a new and enhanced primary care approach as the foundation. The notion of the empowered person is at the starting point of great care. The model builds out from this using a locality team approach and specialist in-reach to support primary and community care more effectively.

The vision in this area was developed in partnership between professionals and the public, and is clinically driven, incorporating the National Voice Principles. In Eastern Cheshire we believe that integration cannot be delivered by one organisation working alone in isolation, but must be delivered through genuine collaboration.

Our commitment	What does this mean?
Integrated communities	• Introduce supported self management techniques; a proposal being supported by AQuA and the Talking Health Programme • A commitment to deliver the 3 Million Lives Project as one of the NHS Fast Follower pilots • The launch of the Engagement HQ to capture public and staff experiences and ideas, and use of social media, to link people together and to ensure experienced based co-design of services • A campaign strategy to promote the vision, values and principles of caring together and messages to increase momentum • Extension of personal health and social care budgets
Integrated case management	• **Caring Together** Community Teams that are structured around clusters of GP practice, and include professionals from across health and social care (Doctors, Nurses, Social Care Workers and Mental Health Professionals). These teams promote more integrated services across organisations, creating tailored packages and avoiding repetition in the system. • A **care co ordination hub** supporting case management will support the community based approach, providing a central point of contact and information for patients and coordinate a faster, more effective referral process and manage the use of new technologies to monitor some health conditions remotely.
Integrated commissioning	• **Reducing Hospital readmissions:** Local organisations are working in partnership with; Healthcare Management Financial Association, Health Care Services, and Net Orange with the ambition to reduce hospital admissions by 25%. The success of this programme over the past 18 months has seen the programme supported by NHS England to create a strategic plan by August 2013 to extend this work, including economic modelling, systems design and impact assessments. This will ensure a full business case and a five- year implementation plan will be agreed by December 2013. Moreover, a draft evaluation framework has been developed to take this work forward. • **Learning Disabilities:** Building on the recent submission for a community budget pilot we will pursue a whole-life course approach to the integration of LD services
Integrated enablers	• Workforce and leadership development to ensure new skills and competencies • Introduction of service improvement methodologies, focusing on measurement • Develop patient orientated standards for integrated care. • A new funding and contracting model will be developed to ensure the funding of support shifts from acute setting to community based care..

4. A strong commitment to integrate and support across the breadth of relevant stakeholders

Partners across Cheshire are committed to a model of collaborative leadership, through which shared visions and outcomes will allow organisations to establish a common direction of travel and make joint decisions. A pioneer panel with representatives from both Health and Wellbeing Boards will be in place to help coordinate activity across the areas where appropriate. It is recognised that that all local organisations and partnerships will maintain their governance processes and structures to ensure continuity of existing sovereignty to stability.



The role of service users and their carers is vitally important and will feed in via Health Watch and

other local arrangements such as the Older Peoples Network, Health Voice, the Parent Partnership, and Patient Participation Groups.

5. The capability and expertise to deliver successful transformation at scale and pace

Cheshire is in a strong position to deliver this agenda, building on a strong track record of serious transformation. For example,

Track record	Evidence
Developing robust business cases for change with Whitehall	• **Whole Place Community Budgets:** West Cheshire and Vale Royal CCG worked alongside Cheshire West and Chester Council and other key partners to develop six business plans for integrated services. Collectively these plans will deliver financial benefits of £106m to local services over the next five years as well as and enhancing outcomes for vulnerable members of the community. These plans have been subject to scrutiny by the Treasury and the National Audit Office. The programme continues to involve strong working relationships with Whitehall Departments and demonstrated the ability for partners to move beyond fine words to credible plans for integration based on evidence and robust financial modelling.
Delivering structural and cultural change	• **Developing two new Unitary Authorities**: In 2009, Cheshire West and Chester Council and Cheshire East Council were formed through the integration of the County Council and six District Councils. This transformation was completed to required timescales and has resulted in total cashable saving of £150m across the area. It also involved a number of shared services arrangements where the two local authorities developed a joint approach to payroll, transactional finance and ICT. • **Delivering clinical leadership –** the new clinical commissioning groups have all formed with clinicians leading on local commissioning decisions • **Provider Services Mutual** – Cheshire West and Chester are implementing a business case which involves 'spinning out' provider services in Adult Social Care such as home care into a mutual. Working closely with the Cabinet Office this approach is seen as leading practice with staff engagement seen as a real strength. • **Developing connected Safeguarding and Quality Assurance:** Cheshire East with it's partners are developing a Multi-Agency Safeguarding Hub (MASH). This will connect and co-locate Police, Health, Children and Families and Adult safeguarding services within the Council as one integrated team. • **Public Health Integration** – Public Health have embedded into the local authority and are a key partner to support the Clinical Commissioning Groups. The additional resource and development of the Joint Strategic Needs Assessment (JSNA) adds significantly to the ability to use intelligence to inform commissioning and delivery of services in an efficient and effective way.
Transforming Learning Disability Services	• Health and Social Care **Learning Disability Teams** have been co-located at the Countess of Chester Health Park to further facilitate integration and joint working. This enables shared access to cases, the development of joint approaches and systems to case management. • Cheshire East Council, working in partnership with its Clinical Commissioning Groups are one of a reducing number of areas that have retained **pooled budget** arrangements for Learning Disabilities. This equates to a joint investment that is worth approximately £43 million.
Transforming Mental Health Services	• **Community Mental Health Teams** are in operation across Cheshire bringing together health and social professionals under single line management. This will support and inform our wider approach to integrated care management across Cheshire. • **Transitions**: A Multi-Agency policy and protocol is developing between the Vale Royal, South Cheshire East Cheshire CCGs and Cheshire East Council relating to the transition of young people from children's to adult services, including input from the voluntary and community sector. This provides information on statutory services, and broader services such as benefits, equipment, carer support, and the Mental Health Act.
Developing aligned financial incentives	• West Cheshire CCG has introduced a system-wide **Ageing Well CQUIN** which is based on timely communication across agencies following admission, prior to discharge and following discharge to support case management; volunteers befriending/supporting the frail elderly during and after an admission; and risk stratification of patients likely to be readmitted. These incentives have been introduced across the Acute and Community providers. • **Programme budgeting for mental health** – using prime provider models to manage integrated services for mental health with joint investment across the health economy.
Reducing demand on crisis services	• An integrated crisis and **reablement** team has had a significant impact in West Cheshire, providing short-term and intensive support to older people, adults with learning disabilities, people with physical disabilities, and individuals with mental illness. This team provides support up to a maximum of six weeks in order to maximise independence and avoid admissions to long-term care. The team consists of qualified nursing staff, health care assistants, social care supervisors and care staff, and has been operational in this co-operative and multidisciplinary manner for just over 18 months. On average 30% of people completing a period of reablement no longer require ongoing domiciliary support. In addition, this has achieved £250,000 of efficiencies savings through integration of health

	and social care, whilst providing a high quality and consistent model of care. • West Cheshire's **Hospital at Home** service operates 24/7 and is a GP-led service with a skill mixed team including advanced nurse practitioners (independent prescribers) and health care assistants. The service has the capacity to manage twelve patients at any one time at home, depending on clinical conditions, with a proposed average length of stay of three days. The service is accessed by GPs and Community Matrons for those patients who require additional care but who do not necessarily require an acute bed. The service has continued to develop and also supports the early discharge of patients from the acute sector. • **Integrated OOH Social Care in A&E:** The project was designed to prevent avoidable hospital admissions/ re-admissions through pro-active and fully integrated health and social care assessment in A&E. A Social Worker based in A&E, works side by side in partnership with nursing and medical staff to deliver a multidisciplinary approach to crisis intervention, and admission/re-admission avoidance. And evidence from this programme has indicated that it has saved 549 bed days, equating to nearly £140,000. • **Early Supported Discharge**: Cheshire and Wirral Partnership NHS Foundation Trust, the Countess of Chester Hospital and Cheshire West and Chester Council committed to provide a stepped care model for patients in Western Cheshire. The model supports commissioners' aims to integrate care across the continuum of complexity for residents with long term conditions, so that we can maximise the appropriate skills of patients, carers, clinicians, specialists and the third sector. The integrated early supported discharge service provides co-ordinated rehabilitation and specialist care for patients discharged early from hospital in order to relieve the pressure on acute hospital beds. • **Long Term Conditions Service Integration:** Both Vale Royal and South CCGs have delivered a number of integrated patient pathways including, Respiratory Care Pathway, Diabetes Care Pathway and Cancer Pathway. Pathway development has incorporated integration with statutory and VCF sector to deliver excellent patient care. • **Award Winning Integrated Care Home Support**: integrated work across Vale Royal and South Cheshire CCGs is in place with Nursing and residential homes, community services and the acute hospital to improve standards or care and patient experience including GP-led home-based ward rounds to avoid inappropriate hospital admissions. Recognised nationally as an innovative service development to improve the coordination of care form some of our most vulnerable patients. • **Multi-Systemic Therapy Programme:** This is an intensive family, and community based treatment programme that focuses on addressing all environmental systems that impact chronic and violent juvenile offenders (housing, relationships, education, and neighbourhoods). MST recognises that these issues require integrated solutions, and this programme has been successful in keeping a number of young residents in a family environment. • **Family Nurse Partnership Programme:** The family nurse partnership is an intensive, structured, home visiting programme which is typically offered to first time parents under the age of 20. Through this programme a specially trained family nurse visits the mother regularly from early pregnancy to the child turning two. The have been high-levels of take up with this programme, and we have received positive feedback from parents.
Building community capacity	• Public Health integration into local government has enabled closer working with partners linking in synergies between health and wellbeing, stronger communities and supporting sustainable self-care models. • Across Cheshire we have worked with colleagues in Public Health in addressing **Excess Winter Deaths** and have jointly rang Keep Well Keep Warm This Winter campaigns during 2012/13 and going forward into 2013/14. This provides a systematic approach to health and social care interventions to vulnerable communities/patient groups. • West Cheshire CCG has worked with Public Health colleagues in commissioning the **Hospital Alcohol Liaison Service** within the Countess of Chester NHS Foundation Trust and have collaborated on the production and commissioning of the Health Checks Local Enhanced Service in primary care. • East Cheshire Health and Wellbeing Board have an **ageing well programme** in place to capture the voice of service users and support the connection of and investment in low-level community interventions. Reporting to the Health and Wellbeing Board and , to date this programme has seen 266 people attending *Be Steady, Be Safe exercise classes* to help reduce their risk of falls; 350 people trained as *Info Link* Champions and accreditation of the *Info Link* scheme; Arts and dementia activities rolled out across the borough; Nantwich Museum and Bridgend Heritage Centre currently developing memory box resources and service for dementia sufferers; delivery of the winter warmth campaign; the provision of a central, accessible and safe meeting place for social activities and regular lunch clubs. • **Every Contact Counts** - Development of an 'Every Contact Counts' approach so that we empower and facilitate other organisations, communities and individuals to become part of a wider public health network of health champions • **Dementia:** Partners in West Cheshire have worked closely together on the redesign of Dementia Services with the establishment of a new memory service. This work has led to a shifting of funding into the Third sector to develop

	a more responsive service provision that meets the needs of local residents. • **Springboard:** Cheshire Fire and Rescue Services are working in partnership with Age UK, Health Partners, and Local Authorities to identify unmet needs of older adults through the extension of Home Safety Assessments. Traditionally, home safety visits would assess for potential fire hazards and provide safety advice; however, this new model of partnership working has enabled partners to investigate the needs of over 65 residents. This involves unique data sharing agreements, with the NHS providing core information to enable Cheshire Fire and Rescue to assess the broader needs of those most at risk, conducting over 40,000 visits with older residents in the past three years. • **Clever Together Programme:** Cheshire East Council and East Cheshire Clinical Commissioning Group ran a joint campaign, engaging with residents to suggest, develop and prioritise initiatives to enhance the experience of using services through improved integration. This resulted in 246 contributions in three weeks, resulting in 10 quick wins and 5 strategic initiatives to improve integration. From this programme, changes included the alignment of Team boundaries, joint training, joint workforce planning and a new integrated, family-centered approach to service redesign. • **Healthy Living** - Investment into 2 Healthy Living Centres in Blacon and Ellesmere Port (areas with significant deprivation and health inequalities) to target healthy interventions – cookery skills, benefits uptake, mental health and recovery services, smoking cessation, weight management, employment skills and parenting courses including breastfeeding.

Following selection as a pioneer site, partners have committed to:

- Establishing a **virtual redesign team and redesign budget** with three programmes coming together to cooperate where needed. Individuals from these teams will include commissioners, clinicians, business analysts, project managers and finance support.
- Ensuring that the three programmes are connected through the application of the **Managing Successful Programmes** methodology including clear scopes, roles and responsibiles, risk management and programme planning.
- Ensuring all staff involved in the programme are fully trained in **cost-benefit analysis methodology** in line with HM Treasury Green Book principle
- Ensuring a **Senior Responsible Owner** is in place for each of the reform proposals

6. Sharing our Learning:

We are committed to sharing our learning and believe the diverse nature of Cheshire will yield different models of integration that could be adopted and adapted across the country. This will be enabled through:

- A **dedicated website** providing regular updates, project documentation and opportunities to interact in one place.
- Use of **social media** to extend communication and engagement across a range of partners
- Using **existing networks** through the NHS Confederation, ADASS, the Kinds Fund, the newly established Public Service Transformation Network, the Early Intevention Foundation, and existing regional peer organisations such as I-Network to share learning
- Commitment to at least **two major conferences** to bring health and social care leaders together to hear about our plans and progress with implementation

This openness to share learning and invite dialogue from other localities is clearly in evidence in our current activites. For example:

- West Cheshire's involvement in the **Whole Place Community Budget Programme.** Through this programme Cheshire West and Chester Council have met with representatives from a range of geographies and organisations to share lessons learnt, including peer to peer meetings with Shropshire's Public Services Board and Tri-Boroughs Whole Base Community Budget Team; presentations at Halton's Local Strategic Partnership, and a number of one to one meetings with Local Authorities such as Stoke and Wirral. Further to these meetings, partners have regularly provided presentations and talks on the national stage, as reflected through Councillor Mike Jones (Leader of Cheshire West and Chester Council) speaking at the national launch of community budgets, and Dr Huw Charles Jones (Chair of the West Cheshire Clinical Commissioning Group) addressing the 2013 Local Government Association Conference on Public Service Transformation. This has been further reflected in the relationships that have been formed between local partners and trade-press publications that have taken an interest in the innovation that is taking place in Cheshire.
- There are also a number of links that have been formed between local organisations and academic institutions, as reflected through the work between Cheshire East and East Cheshire CCG working to develop a local evidence base through their involvement with the **King's Fund and the Nuffield Trust** through the **Advancing Quality Alliance's Integrated Care Discovery Programme**
- Based on the joint partnership approach and system wide leadership, Cheshire West and Chester Council, West Cheshire CCG, and Vale Royal CCG have been successful in applying for the **System Leadership programme** which allows collaboration between Public Health England, National Skills Academy for Social Care, NHS Leadership Academy, Virtual Staff College, Local Government

Association and the Leadership Centre. This opportunity will help partners to build upon and further improve leadership across public sector partners.

7. A Robust Understanding of the evidence base

All of our plans to date have been based on an ability to engage with a national and local evidence base. The Whole Place Community Budget programme required a fully-costed model of change based on the best available evidence. This involved working with academic, national policy leads, Whitehall Departments including the Department of Health, and Treasury Analysts. It was clear from this process that national evidence for integration is not comprehensive and continues to develop. The challenge therefore will be to ensure a local evidence base for integration is captured and evaluated. This will build on our established benefits realisation process which involves:

- Setting clear outcomes and measures
- Establishing the baseline
- Ensuring processes are in place to monitor data on a regular basis
- Monetising improvements in outcomes
- Establishing causality through techniques such as logic-chain analysis and randomised control groups

A dedicated budget for evaluation has also been identified to enable external evaluation to compliment this approach.

8. The Added Value of Pioneer Status:

The inclusion of Cheshire as an Integrated Health Pioneer would have a number of significant benefits for services and organisations in the local area, and would facilitate the delivery of improved services for local residents. We would like to work with the Integrated Care Pioneers on the following issues:

- **Technical support on developing a new funding and contracting model:** Local partners are committed to the importance of developing new funding and contracting methods to facilitate the movement of resources from acute to community services, and across organisational boundaries. This could be supported through this programme through access to technical advice and guidance, and facilitating a mature conversation with Government regarding potential methods.
- **Advice on financial modelling and benefits realisation:** The impact of changes in services and interventions will have natural consequences across the whole-system of public services, and we believe that this programme could provide support on modelling the long-term impact of proposals, and developing the methods to accurately track and measure the impact of reform.
- **Leadership brokerage:** This programme would provide external impetus and figures that could broker local discussions and provide neutral advice on contentious decisions as they arise.
- **Access to a well developed evidence base to inform joint commissioning:** The implementation of successful joint commissioning is largely dependent upon the use of accurate evidence. Local partners hope that this programme would provide access to useful models, metrics and measures to inform commissioning across the partnership, and we believe that we are well placed to contribute in this field.
- **Support the development of processes to track the impact of reform on providers:** The need to provide stability to local providers is important in supporting the delivery of high quality care, but also in securing a strong economic context for Cheshire. We would hope that this programme would provide evidence and models that would allow local partners to have a mature dialogue with local providers regarding the direction of travel for services.

9. Conclusion

In summary, we believe our proposals have the potential to deliver **better outcomes** for our customers many of which are vulnerable, a transformational **reduction in demand** and the ability to **meet needs with reducing resources**. Our expression of interest is worth consideration for the following five reasons:

- **Learning for other localities**: The commitment to take a locally sensitive approach across the varying communities of Cheshire will generate a range of proposals which will be applicable to most localities across the U.K.
- **A commitment to scale and pace**: Our shared ambition to deliver radical change across Cheshire will cover an area of 700,000 citizens and £1.3 billion of health and social care expenditure
- **A proven track record**: We have a large number of examples of delivering transformation, collaborative leadership and integrated care
- **Clarity on our plans**: We have already begun to scope what we will deliver through this opportunity and how we can combine the capability and expertise of four CCGS and two Local Authorities to make it happen
- **A clear ask to Whitehall**: We also have clarity on the technical support that will help us get achieve our vision with real scale and pace

Pictured top left to right:
Dr Paul Bowen, Chair of NHS Eastern Cheshire Clinical Commissioning Group, Cllr Janet Clowes, Chair of Health & Wellbeing Board (Cheshire East), Cllr Brenda Dowding, Chair of Health & Wellbeing Board (Cheshire West and Cheshire)

Bottom left to right:
Dr Jonathan Griffiths, Chair of NHS Vale Royal Clinical Commissioning Group, Dr Huw Charles Jones, Chair of NHS West Cheshire Clinical Commissioning Group, Dr Andrew Wilson, Chair of NHS South Cheshire Clinical Commissioning Group