CHESHIRE EAST COUNCIL

Cabinet

Date of Meeting: 17th September 2013
Report of: Lorraine Butcher, Executive Director of Strategic Commissioning
Subject/Title: Integrated Care and Support – Achieving Better Outcomes for Residents
Portfolio Holder: Councillor Janet Clowes, Health & Adult Care Services

1 Report Summary

1.1 This report seeks to update Cabinet on work underway to address the opportunities presented by the Health and Social Care Act 2012 which has given Local Authorities and reformed NHS organisations leverage to improve outcomes for those individuals who use health and social care services through a better deployment of resources.

1.2 The legislation enables local organisations to improve their collaborative work across the health and social care arena through a more focussed approach to commissioning critically with local practitioners, specifically General Practitioners, who now have a strengthened role at a local level in determining the deployment of health resources.

1.3 It is acknowledged nationally that organisations need to take urgent and sustained action to make integrated care and support happen. Recent headline cases (such as Mid-Staffordshire Hospital and Winterbourne View) have demonstrated a failure of care, and a failure to connect care arrangements and intelligence across a range of health and care agencies. Clearly despite a lot of good and hard work, too many people continue to be let down by the failure to 'connect care' better across the range of agencies to better meet the needs of the individual.

1.4 Locally as well as nationally demand upon health and care services is expected to grow and it is widely acknowledged that current arrangements for providing services, which are often fragmented, is unsustainable in the current climate.

1.5 This report outlines steps being taken locally to make future health and social care arrangements both safe and sustainable into the longer term.

2 Recommendations

2.1 To note the work underway locally working collaboratively with partners including, CWAC, 4 Clinical Commissioning Groups, the Acute Trusts and NHS England and specifically the effort to become a Pioneer Site for integration across Cheshire.

2.2 To support the ongoing work of the Caring Together Programme to redesign models of care and give delegated authority to the Executive Director for Strategic Commissioning to jointly commission health and social care services that secure improved outcomes for residents, returning to Cabinet as appropriate when Key Decisions are required.

2.3 To endorse the ongoing work with the South and Vale Royal Partnership Board and again give delegated authority to the Executive Director Strategic Commissioning to jointly commission health and social care services that secure improved outcomes for residents, returning to Cabinet as appropriate when Key Decisions are required.

2.4 To support the development of Member Development sessions to more fully understand the reshaping of the health and social care landscape within the sub-region.

2.5 To note the financial strain associated with the current arrangements for providing health and social care services, the efforts being taken to reshape services to be safe and sustainable into the longer term, and the shifts in resourcing announced in the recent Spending Round to support integration in 2014/15.

2.6 To give delegated authority to the Executive Director, Strategic Commissioning, in consultation with the Lead Member for Adults and Health, to consider additional investments in temporary capacity to secure key work streams, funded from the Cost of Investment Budget as appropriate.

3 Reasons for Recommendations

3.1 In July NHS England set out a ‘call for action’ to staff, public and politicians to have an open and honest debate about the future shape of the NHS in order to meet rising demand, and meet the expectations of its patients. This is set against a backdrop of ‘flat funding’ which, if services continue to be delivered in the same way as currently, will result in an unsustainable funding gap from 2014 onwards.

3.2 This position is matched by continued pressures on funding arrangements for Councils, which locally means a requirement to reduce costs to the Council of approximately £35m over the current 3 year period up to 2017.

3.3 Locally, it is acknowledged that residents with complex health and support needs, including those with long term conditions and the vulnerable elderly often receive care and support in a fragmented form, with different agencies meeting only particular aspects of their needs, with an absence of a co-ordinated holistic approach to their support arrangements. In such instances there is high risk of the needs of the individual not being met, or them experiencing poor standards of care.

3.4 The compelling vision emerging in all of the discussions with local partners regarding how care and support arrangements are remodelled include the following:

- 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 agencies working together in different ways (and potentially organisational forms) with better experiences of local services by residents 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;
- There will be enhanced life chances rather than widening health inequalities.

3.5 It is acknowledged that communities are different and local solutions will reflect local challenges. However what is emerging in all discussions are the needs to integrate our approaches. For example, integrated case management will ensure that those residents with very complex health and care needs might access support through a single point and benefit from their needs being managed and co-ordinated through a multi-agency team of professionals working to a single assessment, a single care plan, and a single key worker.

3.6 Another example will be through a commitment to integrated commissioning of services. The vision is that people with complex care 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, reablement, mental health services, drug and alcohol support and housing with support options.

3.7 It is on this basis that this report lays the basis for the fundamental transformation of care and support arrangements across the health and social care landscape that is required to happen across the country, and which outlines the approaches being explored across the Cheshire East Council footprint.

4 Wards Affected

4.1 All wards are affected.

5 Local Ward Members

5.1 A Member development programme will be framed which will assist Members in better understanding what integration means, and what the implications may be locally for residents.

6.0 Policy Implications

6.1 This report accords with national legislation and policy and aims to outline how that is beginning to shape with partners and applied locally.

7.0 Financial Implications

7.1 It is acknowledged that the current deployment of health and social care resources is unsustainable in the current climate of austerity and the increased demand for services.

7.2 Within the Council financial pressures of approximately £35m over the next 3 years. Similar equivalent pressures are being experienced within the Clinical Commissioning Groups, and the Acute Hospital Trusts. This represents significant financial strain across the health and social care economy locally.

7.3 Both the Comprehensive Spending Review and more recently the June 2013 Spending Round have been challenging for local government. However, the June Spending Round announced the creation of an Integration Transformation Fund to ensure closer integration between health and social care services. The funding is described as “a single pooled budget for health and social care services to work more closely together in local areas, based on a plan agreed between the NHS and local authorities”. While the

fund does not come into effect until 2015 it is expected that it will enable local areas to begin to build momentum and planning for their local integration programmes.

7.4 The Integration Transformation Fund will be a pooled budget which will be able to be deployed locally on social care and health subject to specified conditions. To date the Local Authority has not yet received notification of the value of that fund locally. It must be noted however, that the fund does not represent additional resourcing to meet health and social care needs of residents, but rather is a resource transferred from NHS agencies to the Local Authorities.

8 Legal Implications

8.1 The recommendations in this report are in line with the aspirations of the Health and Social Care Act 2012. That Act expanded the local authority responsibilities for ensuring integration in the approach to health and social care provision in its area. It established Health and Wellbeing Boards to carry out these functions and the boards have a duty to encourage integrated working.

8.2 Section 75 of the National Health Service Act 2006, allows NHS bodies and local authorities to pool their resources, delegate functions and transfer resources from one party to another so that there can be a single provider of services. This provision therefore enables the joint commissioning envisaged by this report.

9 Risk Management

9.1 The Corporate Risk Register identifies under Risk Ref CR8 Public Service Effort, opportunities available to the Local Authority to secure improved commissioning of services with partners to reduce duplication of effort and best deployment of shared resources to achieve shared improved outcomes for citizens/residents. The information contained in this report demonstrates efforts being taken to maximise this opportunity and thereby also mitigate the risk that the Council fails to manage its expenditure within budget.

10 Background and Options

10.1 The introduction of the Health and Social Care Act 2012 resulted in the demise of the former Primary Care Trusts, and the formation of a range of different NHS agencies which are now responsible for commissioning health services in local areas, and also holding the system to account for standards. In Cheshire East that has resulted in the formation of 2 Clinical

Commissioning Groups, NHS Eastern Cheshire CCG, and NHS South Cheshire CCG and the formation of a local area team for NHS England. It is the combination of these agencies, along with Cheshire East Council and Public Health now part of the Council which hold responsibility for commissioning health and social care services within the Borough. These bodies are accountable both to their individual Boards but also to the Health and Well Being Board and Health Scrutiny for their work in driving integration. They are also individually responsible to their respective constituents and to the regulatory bodies such as CQC, Monitor, and Local Health Watch.

10.2 The growing older population, and children and young people with long term and complex conditions, are currently vulnerable to experiencing fragmented care, from health and care providers who provide episodic interventions of care, but which neither takes a holistic approach to their needs, nor fully takes account of their views of how and where they wish their needs to be addressed.

10.3 Additionally the growing financial pressures faced by the country posed by the economic climate and the changing demographic needs means that the current models of care provision are not sustainable.

10.4 As a consequence the Government is encouraging all areas to develop their own reforms to public services, and in the context of health and social care, has set out an ambitious vision of making person-centred co-ordinated care and support the norm across England in the future. In May 2013, Jeremy Hunt, Secretary of State for Health issued "Integrated Care and Support: Our Shared Commitment" (Appendix 1) which outlines more fully the challenges posed and invites all areas to innovate to provide better care appropriate to local needs.

10.5 Nationally, the agreed definition of integrated care and support puts the individual at the centre and around whom services should be co-ordinated. This is often referred to as 'person-centred care' and is defined as:

"***I can plan my care with people who work together to understand me and my carer(s), allowing me control, and bringing together services to achieve the outcomes important to me".***

10.6 In response to the challenges posed a considerable amount of work is underway locally and within the sub-region. An overview of work and progress to date is summarised below.

10.6.1 **Health and Social Care Integration 'Pioneers'**

In May 2013 the Department of Health invited expressions of interest for Health and Social Care 'Pioneers'. The intention is that 10 'Pioneer Sites' will be selected as a means of driving forward change at scale and pace, from which the rest of the country can benefit. The DoH are looking for Pioneers that will work across the whole of their local health, public health and social care systems and alongside other local authority departments and voluntary organisations as necessary, to achieve and demonstrate the scale of change that is required.

Expectations of sites are that, within 5 years they will:

- Be regarded as exemplars
- Have demonstrated a range of approaches and models involving whole system transformation
- Have demonstrated the scope to make rapid progress
- Have tested radical options
- Have overcome the barriers to delivering coordinated care and support
- Have accelerated learning across the system to all localities
- Have improved the robustness of the evidence base.

Within the Sub-Region, the Sub-Regional Leaders Group recently identified the integration of health and social care as one of its top 3 priorities. Following further discussions between CEC, CWAC, and the 4 Clinical Commissioning Groups across Cheshire (East CCG, South and Vale Royal CCGs, and West CCG) it was agreed that there was merit in pursuing a pan-Cheshire submission to be a Pioneer Site.

The Pioneer Bid was submitted to timescale, and was successful in being shortlisted from over a 100 submissions. The Bid, entitled 'Connecting Care across Cheshire' (Appendix 2) was submitted on behalf of both Health and Well Being Boards. Colleagues from CEC/CWAC and the 4 Clinical Commissioning Groups were interviewed on 16th September as part of the process. News is now awaited on the outcome of the shortlisting and interview process.

10.6.2 **Caring Together Programme**

Caring Together is the Programme for Integration which is developing in the footprint covered by Eastern CCG, covering predominantly the north of the

Borough (Macclesfield, Wilmslow, Knutsford, Congleton, and surrounding rural villages).

This programme aims to tackle the health and social care pressures associated with this part of the Borough the needs of which are characterised by disparities in life expectancy, within the context of a significantly aging population.

The aim of the Programme is to bring about a radical shift in care from a reactive approach to care to a proactive community based care model.

Significant work is underway to explore what the future model of care will look like to ensure that the needs of residents are better met, consider how that will be commissioned, and importantly test the model in terms of financial viability.

A Strategic Case for Change is being finalised but early findings indicate that:

- A sustainable high quality care model is achievable through combining our commissioning capacity to better: integrate care; to redesign acute services; and to ultimately increase productivity across the system;

- The Care Model currently being designed and to be tested financially over forthcoming months will be based upon '4 Pillars of Care' stretching from preventative health care and self management through individual empowerment and responsibility through to specialised care at the more complex end of the continuum. The model will seek to shift the current system from reactive acute care to proactive care closer to home, with improved experience and outcomes experienced by our citizens.

- the current model of care is not sustainable in the footprint served by NHS Eastern CCG with underlying financial strain combining across the CCG, East Cheshire Trust (ECT), and Local Authority amounting to approximately £66m. Formerly both East Cheshire NHS Trust and the former Central & Eastern Cheshire Primary Care Trust had to seek one-off financial support payments to manage financial pressures. Under the new arrangements those financial pressures have now become more exposed.

- Failure to act will increase the risk of declining care quality, poorer access to services, growing dissatisfaction with the system and rising financial deficits across the organisations.

Next steps in the work programme include proceeding to the development of a Costed Business Plan detailing key actions to be taken. Consideration is currently being given to how additional temporary capacity is secured to drive forward this programme.

10.6.3 **South and Vale Royal Partnership**

South and Vale Royal Partnership Board comprises CEC, CWAC, and NHS South CCG, NHS Vale Royal CCG, ECT, Mid Cheshire Hospital Foundation Trust, Cheshire and Wirral Partnership Acute Trust, and NHS England. It covers the geography ranging from the South of the Borough comprising Crewe, Sandbach, Nantwich and surrounding rural villages, and the wards comprising Vale Royal.

The Partnership Board extends into Vale Royal because it is evident that patient flows to the Hospital are from people living within the boundaries of the 2 CCGs, which happen to cross 2 Local Authority boundaries.

Similar antecedents to change the model of care and integrate services apply in this area as they do in the Caring Together Programme and like that programme work is underway to shape what that model of care looks like within affordable financial parameters.

Work underway in the South has been facilitated by AQUA to assist the partners in addressing the barriers and enablers of integration, challenging partners to not resort to organisational protectionism, and identifying the levers to secure integration. These include:

- Leadership
- Governance
- Culture
- Service user and carer engagement
- Financial and contractual mechanisms
- Information and IT
- Workforce
- Service redesign

11 Access to Information

11.1 Further information is available through the report author.

The background papers relating to this report can be inspected by contacting the report writer:

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Appendices

Appendix One

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/198748/DEFINITIVE_FINAL_VERSION_Integrated_Care_and_Support_-_Our_Shared_Commitment_2013-05-13.pdf

Appendix Two

FINAL VERSION - Integrated Care Pion