

# Improving the health, care and wellbeing of the people of South Devon and Torbay through a Local Care Partnership

## A discussion document

**This paper has been developed to create the opportunity for discussion and contribution from local partners and stakeholders as we work together on strengthening our partnership on the next step in our health and care integration journey.**

The development of a Local Care Partnership for South Devon and Torbay is set within the context of an emerging Devon Integrated Care System (ICS). An ICS is not the creation of a new organisation, but rather a strengthening of partnership working with health and care organisations working more closely together than ever before to the benefit of our population.

The Devon ICS will include a single integrated strategic commissioner; a number of local place-based care partnerships – including one for South Devon and Torbay; a mental health care partnership and shared NHS corporate services.

The NHS Constitution and Local Authority Constitution will remain at the heart at everything we do, meaning anyone can receive high-quality NHS care, free at the point of access, whenever they need it. People will still see a GP when they need it and there will still be hospital care. Social care will continue to operate as it does now but integration will mean services are increasingly organised around the needs of individuals and not organisational boundaries.

There is no change to legislation, statute or constitutions. The role of the Health and Wellbeing Boards will remain and options on governance of these strengthened integrated arrangements will need to be explored. Similarly, the role of scrutiny committees will remain a key function so it is important that Scrutiny members are involved in the planning for these integrated arrangements. Overview and Scrutiny committees are invited to include Integrated Care System and Local Care Partnership governance in their work programmes.

## 1 Context

### 1.1 National Policy Direction

National policy direction for health and social care is very clear - the pursuit of greater integration of health and social care to help frail and older people stay healthy and independent, avoiding hospital stays where possible.

**NHS Vision:** To improve prevention and care for patients, as well as to place the NHS on a more sustainable footing, the NHS Five Year Forward View (5YFV) called for better integration of GP, community health, mental health and hospital services, as well as more joined up working with home care and care homes. Current government policy as reflected in “Next steps on the 5YFV” describes an ambition to accelerate integration through system level sustainability and transformation partnerships (STPs). Working together with patients and the public, NHS

commissioners and providers, as well as local authorities and other providers of health and care services, STPs will plan how best to provide care, including improving the health and wellbeing of the population they cover.

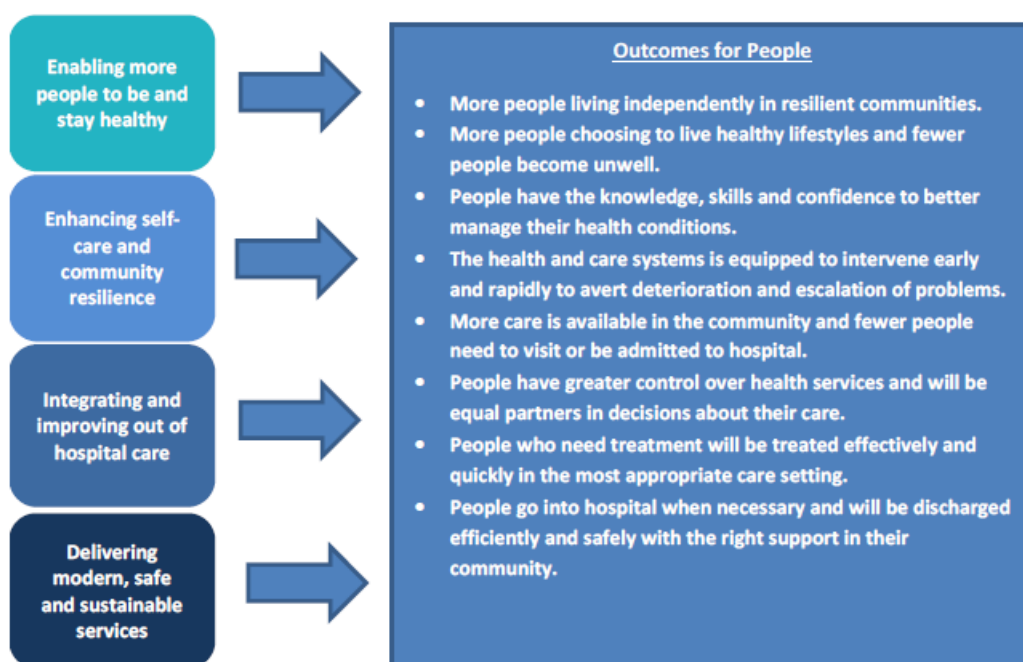
**Adult social care vision:** In 2016 the Local Government Association, the Association of Directors of Adult Social Services, the NHS Confederation of Providers and NHS Clinical Commissioners published a vision for the integration of adult social care (Stepping Up to the Place) and made a shared commitment, focussing on:

- Local systems to embed integration as 'business as usual'
- A collective approach to achieving integration by 2020
- Consensus and action on the barriers to making integration happen
- Dialogue with national policy makers on ensuring integration is effective
- Ongoing testing and evaluation to develop the evidence base

## 1.2 Local Devon Context

Within this national context, Devon has been developing its integrated working and there is much in place already. Since December 2016, partners in the health and care system (via the Sustainability and Transformation Partnership (STP) across Devon have been working with a shared purpose to create a sustainable health and care system that will improve the health, wellbeing and care of the population.

Health and care partners across Devon are now working together around a common set of objectives and outcomes:



To support the most effective delivery of health and care and achieve the outcomes of improving quality, lowering costs and enriching user experience through stronger care integration, partners in Devon are planning to further develop partnership working across health and care through the establishment of an Integrated Care System (ICS).

In an ICS commissioners and NHS providers, working closely with GP networks, local authorities and other partners, agree to take shared responsibility (in ways that are consistent with their individual legal obligations) for how they operate their collective resources for the benefit of local populations. This goes alongside the statutory duty of local authorities to co-operate with NHS partners. Collaboration and partnership are key features and components of an ICS approach.

The NHS planning guidance 2018/19 is also clear that public engagement is essential and as systems make shifts towards more integrated care, they are expected to involve and engage with patients and the public, their democratic representatives and other community partners.

An ICS is not an Accountable Care Organisation (ACO) which has been subject to national consideration and debate including judicial challenge over any future contractual arrangement. The ICS is not about changing organisational accountability or privatisation of NHS or council services. Local authorities will remain responsible for their existing statutory obligations. NHS statutory obligations also remain unchanged.

The approach has potential to:

- greatly enhance how health and social care services are commissioned and delivered to those living in our communities.
- result in services that are far more joined up, less confusing and better coordinated especially for primary, secondary and social care.
- oversee – but not control - the use of the annual healthcare budget (£1.5 billion) and social care budget (£227 million) across Devon.
- It will also reduce the administration involved in managing these services.

The development of an ICS in Devon mirrors the approach being taken nationally by:

- creating more robust cross-organisational arrangements to tackle the systemic challenges facing the NHS and social care;
- supporting population health approaches that facilitate the integration of services focused on populations that are at risk of developing acute illness and hospitalisation;
- delivering more care through re-designed community-based and home-based services, including in partnership with social care, the voluntary and community sector; and
- allowing systems to take collective responsibility for financial and operational performance and health outcomes.

Agreement has been reached across the Devon STP partners to the following:

**i) A single strategic health and adult social care commissioner for the county;**

Devon's ambition is to have a single strategic commissioner for health and social care, primary care and specialised commissioning. The three health commissioners (two CCGs and NHSE) and three local authorities (Devon County Council, Plymouth City Council and Torbay Council) are developing plans for this. The first step will see the county's two Clinical Commissioning

Groups – NEW Devon CCG, and South Devon and Torbay CCG – working together to:

- Manage the overall annual NHS budget of £1.5 billion.
- Set strategic direction for the healthcare services
- Co-commission services
- Develop plans for the future – including possible moves to take on more specialised commissioning services and primary care services from NHS England.
- Work more jointly with Local Authority Partners – where this is in the best interests of population health and well-being.

NEW Devon CCG and South Devon and Torbay CCG have been aligning their resources and executive teams to ensure that local health commissioning is more streamlined and in a good position to become more integrated with both local authorities and health commissioning currently being undertaken at regional level (primary care and specialised commissioning by NHSE). Consultation on a single CCG executive structure is currently underway and due to be concluded at the end of February 2018 with implementation as soon as possible thereafter.

To support the development of integrated commissioning at strategic commissioner level, joint arrangements with all 3 local authorities are being explored, and local authority interfaces at Local Care Partnerships level will need to be agreed.

#### **ii) A Mental Health Care Partnership for the county;**

Mental health services will be placed on an equal footing as physical health and ensure that specialist mental health services become more integrated within primary and secondary care. To support this, commissioners and providers for mental health will be working in a more joined up way with each other and with the place based local care partnerships.

#### **iii) 4 place-based Local Care Partnerships**

These place-based partnerships will look at how budgets, services and resources are planned and used for specific local populations across Devon - one each for North, East, South Devon & Torbay and West, based on primary care GP practice populations.. Prospective local care partnerships have been asked to start working on proposals using a discussion document shared with partners at the STP Organisation Design Programme Board.

#### **iv) Sharing of NHS corporate services**

This will see key NHS corporate services (such as IT, finance and HR) working as a shared service across Devon so that there is greater cooperation, less duplication and greater efficiencies

### **1.3 South Devon and Torbay journey**

Health and care partners across the South Devon and Torbay system are recognised for the strength of partnership working culminating in the agreement to

pool resources and services to establish one of England's first truly integrated care organisations (ICO).

Through the establishment of the ICO, partners have successfully brought together adult social care (Torbay Council), community care and acute care into a single provider organisation to deliver a new model of integrated care.

Phase one of our care model – which has “home first” as the defining feature – is demonstrating tangible benefits and is being further refined as partners look to optimise benefits for individuals. In creating the ICO, partners also entered into an enabling financial Risk Share Agreement (RSA) to share and underpin financial risk. This has been further refined in light of lived experience with partners signing up to a further 3 years to 2021.

Whilst we have made progress, partners recognise there are further integration opportunities to improve the health, care and wellbeing of the population of South Devon and Torbay. This is based on a shared belief that service integration supported by a population-based capitation budget will better meet the needs of individuals and is the best way to meet the growing demand for services from the population we support, within the resources available.

There is a genuine commitment to strengthen how we work together to better support individuals. This is underpinned by a collective commitment to prioritise the needs of individuals and the system over the needs of individual organisations, based on a shared understanding and analysis of local challenges.

There is a general consensus that the best way to build on our achievements over the next period is to establish a Local Care Partnership. Through this partnership system partners would be in a position to deliver more than current arrangements allow by moving to a population-based capitated budget; adopting a stronger risk-enabling approach; and putting the good of the system above individual organisations

This aligns with the wider system ambition of the Devon Sustainability and Transformation Partnership (STP) where all partners have agreed to a plan to pursue an Integrated Care System for Devon. This also aligns with national policy to support devolved health and care systems to meet the triple aim of improving health equity, closing the financial gap, and reducing unwarranted variation in quality.

## **2 Why a Local Care Partnership?**

Whilst we have made good progress – the South Devon and Torbay system is considered to be further ahead on care model integration and pooled resources than many other parts of the country - partners recognise the opportunity to go further in achieving our integration aspirations.

Having united around implementing a shared vision of integrated community-based health and social care, senior health and care leaders have been considering what the logical next step should be in our integration journey, given the following drivers and national direction of travel:

- we are particularly affected by the growing national challenge of a rising elderly population – the population is older on average than the rest of the

country - and the corresponding increase in demand for services related to frailty;

- challenge over sustainability of some services as a result of workforce pressures across a range of services in all sectors including in primary care;
- infrastructure in some sectors not fit for purpose and requires access to significant capital funding to bring up to standard;
- the vulnerability of the care home and domiciliary care sector, and the pressures on social care and public health funding;
- NHS commissioners and providers are under great financial pressure because of centrally-driven austerity measures and national funding allocation changes;
- the “doing nothing” option will result in a £142m deficit across South Devon and Torbay health and care system within 5 years (which contributes to a £572m deficit across the Wider Devon STP footprint)- this is the health gap only and does not include Devon social care deficit or public health.
- desire to maintain autonomy for our system
- national direction of travel with new care model sites implementing Integrated Care System models and STPs (including Wider Devon) indicating intention to pursue as part of their 5 year plans.

The scale of the current challenge facing health and social care is greater than any faced previously and requires us to take full advantage of further opportunities to redesign services and adopt working arrangements that better enable those improvements.

We need to achieve a gear shift and adopt a population-based approach with all incentives aligned to this. This includes:

- increasing involvement and engagement of individuals in the design, delivery and improvement of services – ‘what’s important to me’ discussions focused on empowerment and choice
- proactive management of population groups to inform early intervention and prevention
- enhancing the range of services on offer
- accelerating the implementation of electronic care records and the use of predictive tools to identify individuals who have higher than average health and social care costs.
- making outcomes-based contracts a reality with budgets that cover the health care needs of a defined population and pooling more resources eg public health, primary care, housing, vol sector
- community health and social care teams can move at pace and realise the full benefits of integration on the ground.
- integrated commissioning to facilitate the development of integrated models of care

To enable the above we need to deliver more transformational change, and embrace system not silo leadership. The best vehicle now available to achieve these ambitions is through a Local Care Partnership.

### **3 The additional outcomes we will achieve through a Local Care Partnership**

Setting a clear framework for what we want to achieve together as a Local Care Partnership is important to help set the tone of future collaboration, the breadth of our collective ambition and the depth of our joint working relationships so that we can deliver better system outcomes.

We have begun to develop a framework that describes what chapter 2 of the care model looks like. This has evolved from a framework representing the strategic changes for the ICO into a system wide framework that represents the strategic transformation programmes of work across all areas and organisations that deliver the agreed system outcomes. We are proposing that this framework becomes the work plan of the Local Care Partnership and resources prioritised accordingly.

Highlights of the framework for the next chapter in our integration journey include;

- **Prevention and Early Intervention:** Plans and priorities will have a focus on preventing ill health in order to reduce the longer term trajectory of demand. This will support the tackling of place-based socio economic health determinants.
- **Asset Based Community Development:** Empower communities to take active roles in their health and wellbeing and build community resourcefulness.
- **Develop greater integration with primary care:** Recognising the critical gateway that primary care offer collaboratively support primary care to be fit for the future and to maximise placed based outcomes of care.
- **Mental Health:** Improve provision for people with severe, long term mental illness and those who also have physical health problems.
- **Acute hospital and specialist services:** Ensure clinical sustainability of services through the development of Devon-wide clinical pathways and networks.
- **Children and Young people:** Ensure seamless support and access and enhance effective collaboration between adult and children's services.

In pursuing Local Care Partnership status, partners need to be clear on the additional outcomes we will deliver that cannot be achieved through current arrangements.

- strengthened public engagement and community led partnerships which support activated communities that drive behaviour changes within society.
- developing a more preventative and population health-based approach – eg widening partnership to address the wider determinants of health – housing, childhood poverty, education, transport and access to services.
- reducing health inequalities
- moving more care closer to home and moving away from dependencies on bed based care
- improving pathways for clinical services through horizontal and or vertical integration
- managing service pressures across the system and changing the long term trajectory of demand
- strengthened relationships with primary care, Local government and voluntary and independent sector

## 4 Working with the Mental Health Care Partnership

We strongly believe that taking a whole-person approach to health and care is essential if we are going to support our population to live happy and healthy lives. We know that people with mental illness do not access physical health services in the same way as people without mental illness. We also know that we are spending money in the wrong places, for example expensive inpatient placements rather than on keeping people well and avoiding escalation.

We would like to work with the Mental Health Care Partnership on the following aspects:

- Working together to deliver physical health checks for people with mental illnesses,
- Health and Wellbeing Hubs working with mental health teams to deliver holistic wellbeing advice and support to our population to avoid people becoming unwell
- Work together to deliver IAPT support for people with long term conditions
- Jointly review the requirements for housing and accommodation in order to support the most vulnerable people in South Devon and Torbay
- Jointly review the requirements for Core 24/7 psychiatric liaison
- Work together to delivery better experience and outcomes for people with dementia, including support for care homes

## 5 System working - building blocks for success

We believe we have the following critical success factors in place on which to build a strong and effective Local Care Partnership for South Devon and Torbay

- A collective commitment to prioritise the needs of people and the system at the expense of the individual institutions, based on a shared understanding and analysis of local challenges
- The quality of relationships between all key players in the local system: GPs, local authorities, CCGs, acute, mental health, ambulance and specialist providers, voluntary and private sectors.
- The quality and capacity of local leaders and their ability to engage and mobilise the wider workforce, including clinicians, and engage with the public, elected members and local politicians.
- An absolute commitment to promoting independence utilising a strengths-based, risk enablement approach.
- A relentless focus on a small number of practical priorities and a drive for practical improvements on the ground in chosen priority areas, rather than just trying to build a grand plan.
- Track record of delivering integrated care and sharing of resources and risk including with the voluntary sector
- Taking difficult decisions – building understanding and support for change in order to develop sustainable services which better meet the needs of individuals within resources available
- Service user experience informing and influencing future developments – shift from “*what’s the matter with you*” to “*what’s important to you?*”
- Authentic stakeholder engagement with well- established community engagement arrangements



- A culture of pragmatism meets continuous improvement. Trying new things, learning and making improvements if it doesn't work.
- An unwavering focus on outcomes that deliver long term impacts for people and the wider system, moving away from short term strategic decisions towards transformation that seeks to address sustainability, equity of care and embed behaviour changes in people over the next 5-10 years and beyond.

## **6 What will be the purpose of our Local Care Partnership?**

The purpose of a Local Care Partnership is to enable commissioners and providers of health and care to work together to better meet the health, care and wellbeing needs of the populations they serve within the resources available. The emphasis is on "Local" with an absolute focus on supporting what is important to local communities.

Partners will want to come together with community representatives to agree the scale of ambition and population health and care outcomes that the South Devon and Torquay Local Care Partnership should be striving to achieve.

Having agreed the scale of opportunity and outcomes, partners will then design appropriate working and reporting arrangements that enable greater pace of decision-making and movement of resource in order to get things done.

The partnership is not an organisation and is supported by sovereign organisations who are ultimately accountable for delivery. There will be some instances e.g. policy change which will need organisational and member agreement first.

Public engagement, consultation and communication will ensure that the work of the Local Care Partnership and any changes in service provision are informed and understood by and take account of the needs of the community.

We want to ensure our engagement with local members is strong and will need to discuss with current members how we can best achieve this through existing structures and informal arrangements.

The Health and Wellbeing Boards of both Torbay and Devon County Councils will continue to have a role in promoting integration through the health and wellbeing system in their areas, ensuring delivery against their respective Joint Health and Wellbeing Strategies.

The health overview and scrutiny functions of both Torbay and Devon County Councils will continue to provide overview and scrutiny of both service delivery and potential variation of health and social care within their areas, taking account of the views of the communities they serve. Overview and scrutiny committees will be invited to include Integrated Care System and Local Care Partnership governance in their work programmes.

## **7 Conclusion**

A Local Care Partnership offers South Devon and Torbay the opportunity to build on our achievements over the next period, in the context of the national and Devon wide directions of travel.

Through this strengthened partnership system partners will aim to deliver more than current arrangements allow.

## **8 Next steps**

Locally the ambition is that we work and learn together to explore this enhanced model of partnership to achieve better outcomes and reduce health inequalities for the populations we serve. We will be a learning partnership.

**Partners are asked to comment on this discussion document and agree to take part in a partner workshop being arranged by the CCG in early April to flesh out the detail.**

AW 09/03/18