



Better Care Fund for Integration

Next Steps

Our statement of intent as a pioneer for integrated care:

“With our local communities, we are resolved to make a major difference to the quality of life of our population, to break – permanently – the cycle of disadvantage which curtails the opportunities of one generation after another, to support people to be as well and independent and fulfilled as they can be, and to care with compassion when they cannot. To do this, we need to join up with each other to make our care seamless and put more power in the hands of those who need our care and support.”

Excellent, joined-up care for everyone

Introduction

Integrated, or well-coordinated, health and social care is well established across our area. This gives us a good foundation to build on, but it is no more than a starting point. Our ambitions for joined-up care reach far beyond this.

We envisage a wholly new system of health and care, in which the whole spectrum of health and care organisations join up to work side by side with our community organisations to help bring about the changes that communities themselves identify as most important to them.

In Torbay, integrated health and care has brought real improvements, especially for older people. But important challenges remain for young people and families. The seamless, multi-disciplinary working that enabled coordinated health and social care for adults to flourish must now be extended across the whole community, to families with troubles and to those with fewer life chances. We will shift the emphasis towards wellbeing, prevention and early intervention. In all this, we will work jointly across all organisations to review our current services and to deliver effective, high-impact changes.

Community hubs, that include mental health professionals and GPs as well as health and care staff, will be central to our JoinedUp work in our integration pioneer programme - ensuring that care is easy to get, that it meets whole-person needs and is coordinated around each individual, with the person themselves in control. The hubs will be created in partnership with communities.

Overwhelmingly, care will be outside hospital and closer to home. We see a reformed and vibrant primary care model integrated with the wider community, and a smaller acute hospital offering highly specialist care, not routine care for those with long-term conditions. Vital parts of this system will offer seven-day services, so that care on a Sunday is as good as care on a Monday, and people are in the place that is best for them.

To achieve this, as statutory organisations we will come together behind an agreed purpose and defined goals, with common assent as to how our *combined* resources can best be apportioned to help us achieve those goals, regardless of organisational boundaries. The underlying principles across the system will be a new flexibility, and “more for less”.

In taking a whole community approach we also need to consider the resources that reside in primary care, in providers such as the mental health trust, and in our communities, which have strengths and assets we need to embrace.

The Better Care Fund announced by Government provides an opportunity to think widely about how we jointly commission integrated services to maximise the benefits and get best value for each Torbay pound. The value of the Fund in the first year is £11.4million, a significant sum that is already committed to providing excellent joined-up services. But with an Integrated Care Organisation combining acute and community health and social care services, we will have opportunities on an altogether different scale. Our planning assumptions indicate that the commitment to the budget for the new Integrated Care Organisation in Torbay is more likely to be in the region of £240million. This illustrates the scope for transformational change, with flexible, responsive, efficient integrated services across the whole landscape of care. And this is where our JoinedUp integration programme under the pioneer scheme will find the flexibility to deliver. It will need time, and as a pioneer site we will be asking for that time, so that over a five year timescale we can reap the benefits and achieve our goals.

Our joint commissioning principles

Our principles for joint commissioning are based on the “I” statements set out in the National Voices narrative and Think Local Act personal, which have provided a clear definition, for use nationwide, of what integrated care means for the individual:

“I can plan my care with people who work together to understand me and my carer(s), allow me control, and bring together services to achieve the outcomes important to me.”

These principles reflect the important shift in emphasis from services that are centred on those using them, to services that are driven by those using them.

Engagement on services will be based on co-production, with feedback gathered as the engagement goes along and action taken in response. Our JoinedUp programme under pioneer will use the work done by the Picker Institute on measuring patient experience, from the perspective of the ‘I’ statements set out below.



“Our case manager is marvellous, caring, kind and helpful. She is knowledgeable and I am able to talk to her about any concerns. If I didn't have Angela, I would have no-one else to turn to.”

I can plan my care with people who work seamlessly together to understand me and my family/carer(s), allow me control, and bring together services to achieve outcomes important to me.

I know that resources are available to me for my care and support needs, and I can determine how this is used.

I can get or receive the appropriate information, advice and support that I need to make decisions that enable me to remain safe healthy and living independently for as long as possible in my chosen community.

I have opportunities to train, study, work or engage in activities and feel valued for the contribution that i can make to my community.

I can get help at an early stage to avoid a crisis.

I expect my services to be based on the best available evidence and innovation by local professionals to achieve the best outcome for me.

I tell my story once, and i always know who is coordinating my care.

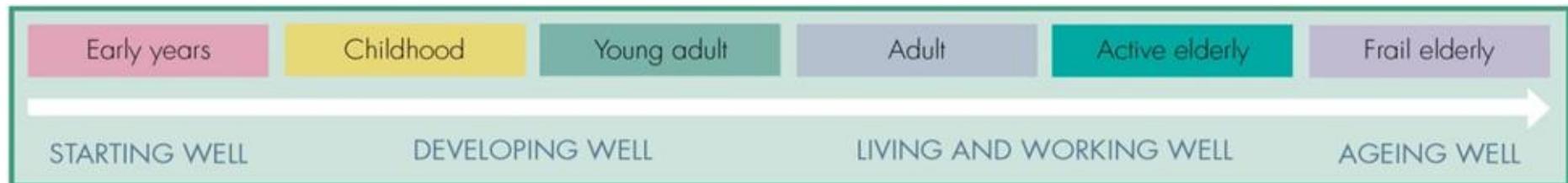
I will receive high quality services that meet my individual needs and are appropriate to my level of support or vulnerability, that fit around my circumstances to keep me safe.



Integrated commissioning

Collaborative strategic commissioning will be through a programme of joint strategies which together translate into whole system change. Pivotal to the commissioning activity is the engagement of local people. To date there has been large scale engagement on mental health services and on community health and social care services.

Our commissioning activity follows the life course of our population, with prevention, early help and personalised care the themes running through every stage of care, at an individual, family and community level.



There have already been some examples of successful integrated commissioning, between the two Devon CCGs such as in the Devon Partnership NHS Trust contract for mental health services, and between CCG and Local Authority, such as in the learning disability and carers' services. Our intention is to further develop these arrangements, using the opportunities for pooled budgets under the Better Care Fund.

In considering efficiencies in our resources we have agreed with our partners a number of key strategies setting out the needs of the population we serve, and a set of commissioning intentions supported by localised implementation plans. A number of these strategies cover not only Torbay but the wider geography of Devon and Plymouth with commissioners working jointly supported by shared public health intelligence.

Historically, commissioning has started with needs and is based on a Joint Strategic Needs Assessment. This year, we are taking a more community-based approach that identifies, too, the existing strengths and "assets" that we have in our communities.

Commissioning Strategies

STRATEGY	HWBB REVIEW	PROPOSED PUBLICATION	AREA COVERED
Autism: We have completed a self-assessment and identified a number of priorities. These will be worked into a joint plan setting out organisational commissioning intent and service improvement for people with autism and their families.	2014/15	2014/15	Torbay Council S Devon & Torbay CCG Devon County Council Plymouth city council NEW Devon CCG
Carers: 'Measure Up' Carers Strategy for Torbay will be refreshed in 2014.	2014/15	2015	Torbay Council S Devon & Torbay CCG
Children and Young People & Families Plan: This sets out the strategic direction recognising a number of strands including Early Help	January – February 2014	April 2014	Torbay Council S Devon & Torbay CCG
Community Services ???			
Dementia : A high level strategy supported through local delivery plans to reflect any local differences.	December 2013	January 2014	Torbay Council S Devon & Torbay CCG Devon County Council Plymouth city council NEW Devon CCG
Learning Disability: The Learning Disability strategy is being refreshed. It will provide a high-level outline of our strategic commissioning intentions, but line up with more localised delivery plans that reflect differing needs in local populations.	January 2014	February 2014	Torbay Council S Devon & Torbay CCG Devon County Council Plymouth City Council NEW Devon CCG
Maternity: A single strategy will cover the whole peninsula. Given the scale and scope of the work, localised plans will be developed at pace.	June – September 2014	October 2014	Torbay Council S Devon & Torbay CCG Devon County Council Plymouth City Council NEW Devon CCG Kernow CCG Cornwall County Council
Mental Health: Following the Joint strategic needs assessment and programme of community engagement, a new joint health and social care strategy for the period of 2013-2016 is being developed.	January – February 2014	April 2014	Torbay Council S Devon & Torbay CCG Devon County Council

			Plymouth city council NEW Devon CCG
Prevention: A strategy on Prevention will be drawn up which reflects the emphasis on prevention requested from the engagement events, within Pioneer and within the integration plans. This will include proposals for a new model for delivery of the work on lifestyles which is now out for consultation and a consideration on work to address the determinants of health.	March – May 2014	September 2014	Torbay Council S Devon and Torbay CCG Will need to consider links to Devon CC
Veterans and Armed Forces Families: An action plan has been developed consistent with the approach of partners in Devon and Cornwall which identifies a number of service project areas including mental health			Torbay Council S Devon & Torbay CCG NEW Devon CCG Devon County Council Plymouth city council

Integrated health and care services

The core principles of our vision for integrated care and support are:

- People directing their care and support, and receiving the care they need in their homes or local community, without having to struggle
- Crucial services available when and where they are needed, seven days a week.
- Joined up IT and data sharing across the whole health and care system, to make care seamless and safer.

Prevention:

Care pathways will be broadened and lengthened, so that there is a greater emphasis on prevention and positive health promotion throughout all plans, supported by the core integrated prevention model. Initially we will focus on alcohol and smoking as these are identified as first priorities within the Joint Strategic Needs Assessment. Weight, obesity, mental health resilience and other

priorities will follow, as the integrated prevention model becomes embedded. Critical in this will be the current review of the lifestyles teams' work and its links to programmes within the acute and community sectors, to the criminal justice sector, to departments within the council and to the community and voluntary sector. This service will get greater scope and reach through the use of self-help initiatives and collaboration with volunteers and health trainers.

Early help:

We know that providing early help gives people support in managing their own conditions. Early intervention that meets whole-person needs also helps people stay well, independent, and as healthy as possible, at the same time as avoiding acute, emergency and crisis interventions. We will take a 'whole family' approach to this work.

Personalised care:

There is a clear message to our providers that for integrated services over 7 days a week, reducing reliance on bed based care and unplanned hospital admissions and increasing opportunities for supporting people to become or remain independent in the community. There will be a focus on personal outcomes and choice and thereby a commitment to stimulate a diverse and vibrant market increasing choice and innovation in service, supporting the vision of reablement and early help to support people.

Children and young people:

The newly-formed Children and Young People Redesign Board provides the strategic engagement of commissioners and providers to deliver a refreshed Children and young people plan which will be supported by a specific programme of work including SEND implementation; responsive services to the needs of children of all ages recognising the importance of emotional and mental health. We see community hubs as a key commissioning opportunity for strengthening and releasing capacity within the community. In the first year there will be a focus on a 0-25 years hub in Torquay promoting integrated workforce across models of prevention, early help and safeguarding supported by information flows, shared systems and joined up ways of working.

Adults:

The Integrated Care Organisation bringing together community and acute services is set to deliver the system change within the health and care sector. Quality of provision is at the heart, with a skilled and competent workforce to drive change. This will have a focus on promoting independence, for example, dementia friendly communities and memory clinics; falls prevention; support for carers and active volunteering. We will develop the market for residential and domiciliary care as part of the broader personalisation agenda. This includes extending personal budgets and more creative solutions to meet the needs of the growing numbers of people with complex health care needs.

Communities:

The Community Development Trust is a key driver in the commissioning framework. Along with the other voluntary and community groups, the Development Trust will create an environment for self- support and self- reliance, with improvements in long term health and wellbeing. We know that targeted support for families and vulnerable groups is effective and want to continue with this approach in tackling some of the underlying health and social inequalities that they experience. Following an initial scoping of the impact of welfare reform we want to be in a position where collectively organisations can support communities as well as ensuring that our commissioning plans can meet expectation.

Pioneer and the JoinedUp programme

The JoinedUp (Pioneer) Board has committed to planning and delivering two community hubs as a priority in year one (by end 2014). Hubs will be the prime means through which we achieve our ultimate goal of care for people (Mrs Smith and Robert) closer to their home, when they need it and delivered seamlessly. For this we will need to ensure that all parts of the system are working towards the creation of the hub model, which will offer networked care as well as physically coordinated resource in our five localities. The two hubs to be operational in 2014 will be in Newton Abbot and Torquay, and these will form the focus for our Pioneer site in year one. The Board has also agreed that children's services improvement must be integral to these plans, although the precise detail of this has not yet been agreed.



and wellbeing

Pioneer objectives

The gamut of projects which formed our Pioneer bid is ambitious and far-reaching. The JoinedUp Board has therefore placed over-arching strategic objectives into five major areas of focus and these will guide the specific work plans underpinning the hub development over the next 5 years. They are:

1. Inequalities across children and young people's care will be reduced
2. Mental health will be mainstreamed as part of overall wellbeing and health
3. Frail elderly care pathways - structural problems resolved and patient experience improved
4. 7-day services available for all through a 'central or broad front door'
5. Community resilience and enhanced social fabric will form the basis of health

There is a performance element to the BCF and as part of the bigger programme of change brought about by Pioneer an integrated health, social care and public health framework 'dashboard' is being devised which will support the health and wellbeing board and 'Joined Up' board in their responsibility for delivering change within the local health and social care economy.

Delayed transfers of care; avoidable emergency admissions; effectiveness of re-ablement; admissions to residential and nursing care and patient and service user experience.

GOVERNANCE STRUCTURE

Governance structures for integration have a firm grounding in the existing health and social care pooled arrangements, and there is intent to strengthen this through the creation of the Integrated Care Organisation (ICO) in the future.

The Health and Wellbeing Board has a key role in integration and provides the strategic oversight with responsibility for sign off of relevant plans.

Existing structures such as the JoinedUp Health and Care Cabinet have provided a forum where agreements have been brokered around risk-sharing, changes to financial flows and other significant 'unblocking' changes to the way in which care is delivered in South Devon and Torbay. Along with the Joint commissioning Partnership Group for Torbay which is helped to develop a shared set of commissioning strategies and intent for further service developments across the health and social care system including mental health and children services.

Governance arrangements will continue to be strengthened making sure that the ICO and Pioneer remain the focus of integration with a reporting line to the Health and Wellbeing Board.

