

Integrated Health and Social Care

Background

Health and social care integration is a response to move towards more preventative, community-based care that will help to keep people out of hospital and in community settings for longer. Integration should be in the interest of the individual and the public purse. To realise these benefits requires truly integrated multi-agency working so that local health and social care systems work as a whole to respond to the needs of local people. It is about people being in control and being central to the planning of their care so they receive a service that is right for them. The integration agenda is not new and organisations across Doncaster have been pursuing integration for a number of years, along with the rest of the country.

'Pioneer Bid'

In May 2013 expressions of interest were sought from areas interested in becoming a health and social care integration 'pioneers'. Doncaster expressed an interest and the expression is attached as Appendix 1. In August 2013 Doncaster received feedback from the Department of Health and although the application showed evidence of well-established joint working, with ambitious and large scale plans and a focus on developing local leaders and workforce, unfortunately the application was not short-listed. The plan would have benefited from greater detail and development especially around outcomes.

Health and Social Care Integration Fund

From 2015/16 a health and social care Integration Transformation Fund (ITF) will be established. This 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'. Nationally this fund is reported to be £3.8billion and is made up of £1.9 billion of existing funds and £1.9 billion from NHS allocations. Local plans to will need to be developed jointly to deploy the local allocation of the ITF in line with the local vision for health and social care integration.

Next Steps

1. Urgent need to agree an overarching vision for integration in Doncaster
2. Establish roadmap for integration
3. Agree what, if any, additional leadership and/or governance arrangements are required
4. Identify the key plans that require Health and Wellbeing Board sign off

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22/08/2013

Appendix 1

Person Centred Co-ordinated Care and Support

Working Together to 'Make it Real' in Doncaster

Introduction

Person centred co-ordinated care and support brings a level of simplicity and realism to something which has otherwise developed into a complicated activity. Capturing and capitalising on this simplicity and realism forms the basis of our ambition for patients, service users, carers, communities and the future of care and support in Doncaster. If Doncaster was awarded 'pioneer' status we would expect this to enable us to deliver improvements 18-24 months faster and help other areas deliver faster.

The Doncaster Vision of Innovative approaches to Integrated Care and Support

Through the strength of our existing partnerships and learning from our experience to date it is our intention to bring about a shift in focus from a model of integration that has largely centred around inputs and structures to one which concerns itself as much - if not more with processes and outcomes. In order to make a significant and sustainable change, at pace, our ambition now is to bring greater coherence to the whole system by:-

- Developing an absolute understanding across the system of the outcomes that people, service users and carers want
- Establishing a set of agreed principles and practical working methods to influence the way that all parts of the system connect and behave towards each other, to deliver the identified outcomes
- Building on existing building blocks to maintain momentum.

In broad terms we want to achieve this through:-

- **Making it Real Together** – Whole system adoption of Making it Real markers of progress – Ensuring that we begin with the end in mind and use Making it Real as a basis for developing, delivering and measuring person centred approaches.
- **Commissioning for Outcomes Together** - Establishing an effective and consistent model for joint/collaborative outcome based commissioning.
- **Developing the Workforce Together** – System wide adoption and Implementation of an integrated workforce development programme designed to embed person centred practice across the local health and social care system.
- **Building Processes Together** – Assuring progress by learning from experience and evidence to identify and find solutions to process issues that prevent effective commissioning and co-ordinated delivery as well as our ability to demonstrate progress across the system. For example the shared use of data and intelligence and governance structures.

Our aim is to transform the culture of care and support in Doncaster to be more person centred and thereby develop a local system that is not only more co-ordinated but is adaptable to changes over time and will survive without an automatic need for external design.

Plan for whole system integration

We recognise that whole system working is an approach rather than a single methodology. As such we want to build on what has been achieved already and develop an approach designed to embed person centred practice across the whole care and support system as a mechanism for further improving outcomes, establishing more co-ordinated care and ultimately delivering efficiencies.

We also recognise that a key challenge will be for organisations and partners to accept that individuals, families and communities have a significant contribution to make towards achieving this ambition and will need to do more to engage them as genuine partners rather than passive recipients of service.

There are a number of building blocks already in the Doncaster system that can be built on for true system integration and these are supported by a number of recent strategic developments including the establishment of the Health and Wellbeing Board, the Doncaster visions for families and the sourcing of a new infrastructure delivery provider New Horizons.

The Doncaster Building Blocks for an Integrated System

Doncaster's health and social care community has historically embraced partnership working and the integration agenda and as a consequence has a strong track record of establishing a variety of integrated approaches within key 'parts' of the system. For example:-

- ***One Team Working.*** A partnership between Doncaster Council and Rotherham, Doncaster and South Humber NHS FT starting in 2012 to provide integrated community health and social care services in response to a joint commissioning framework. This has encompassed multiple initiatives and achieved the amalgamation of Telehealth and Telecare, an integrated OT service and is working towards the development of integrated management posts. The aims of the integrated teams includes:
 - Development of an Integrated Single Point of Access
 - Focus on avoidance of hospital admissions
 - Improved access for those with Long Term Conditions
 - Integrate Dementia Services
 - Reduce duplication
 - Continue to actively develop Telecare/Telehealth
 - Enhance the reablement model
 - Promote Personalisation
 - Further develop Mobile working.
- ***Integrated Discharge Team.*** Integrated assessment and discharge planning from the time of patient arrival in secondary care to discharge and beyond. This involves a single assessment process, redefined professional roles, the use of social care

assessment units and empowered staff to identify and reduce barriers to care and support.

- **Doncaster's Telesolutions Board.** A partnership of key stakeholders including health, social care and housing which develops and oversees a joint strategic approach for the commissioning of telehealth and telecare in Doncaster.
- **Personal Health Budgets.** Doncaster was an in-depth site for Personal Health Budgets as part of the National Pilot. The Doncaster Personal Health Budget pilot was fully integrated with our local authority using joint systems and processes including a single assessment process. For the patient this ensured that there was a single simple process for accessing a Personal Health Budget as part of the pilot.
- **Integrated Community Equipment Services (ICES).** Doncaster has had a successful jointly commissioned ICES service since 2005 which provides a range of equipment to enabling people to remain in their own homes and maintain their independence. There is a whole systems approach across health and social care in Doncaster to assess and identify the equipment required to meet individual needs
- **Doncaster's approach to re-ablement.** Health and social care partners came together, shared risks and costs, engaged with the providers in a meaningful conversation and improved coordination across the care pathways.
- **Care Pathways.** Doncaster partners have led and implemented changes to care pathways across the South Yorkshire health economy through network arrangements and this includes cancer pathways, neonatal pathways and pathways for acute stroke and acute chest pain.
- **Health, Housing and Social care.** This is a partnership approach to ensure that operational issues including adaptation services are planned strategically along with the commissioning of more specialist housing services including housing options and supporting people together with the planning for supported housing.



Strategic supports

- Doncaster Health and Wellbeing Board, established in April 2013 following an 'early adopter' shadow Board with a remit to secure improved outcomes across the system and to take advantage of the opportunities for integration.
- Doncaster's Vision for Stronger Families which seeks to establish a more co-ordinated, collaborative and persistent approach to working with families with multiple

needs.

New Horizons. A new infrastructure delivery partner for the third sector.

Scope

The scope for this expression of interest is vulnerable adults and their carers, their expressed needs and the services that meet those needs. In Doncaster we recognise vulnerable adults as those people aged over 18 who:

- Have a physical disability;
- Have learning difficulties;
- Have mental health problems;
- Are old, frail or ill; or
- Are sometimes unable to take care of themselves or protect themselves without help.

We recognise that people may also be vulnerable because of a temporary illness or difficulty, that that vulnerability can be affected by the community and place people live in and that by adopting life-course approaches risk factors that could make people more vulnerable can be ameliorated and protective factors or assets can be enhanced.

There are programmes of work taking place across Doncaster to integrate services around families and children and young people and also mental health. These areas are out of scope initially, although it is expected that these three areas will be integrated into an overarching approach over the next 5 years.

Delivery mechanisms

The programme will operate under the Health and Wellbeing Board and will use a number of delivery mechanisms.

- Health and Wellbeing Board
- Programme Management
- Multiple stakeholder steering group
- Service user/patient and carer expert reference groups
- Staff reference groups
- Innovation and research panel/support structures
- Reporting arrangements
- Evaluation covering domains for patients, staff, organisational, partnership and financial benefits
- Dissemination of findings

We see this as large scale change programme and will use the model of large scale change developed by the NHS Institute and will concentrate on a small number of elements that we believe will lead to a sustainable system.

1. Focus on high impact transformation
2. Increase the number of 'leaders' in Doncaster and adopt more distributed leadership models shifting power to the frontline.
3. Massive and active engagement of stakeholders

4. Mutually reinforcing changes

Key deliverables will include:-

- A strategy for working together in Doncaster which brings to the surface and makes available shared purpose and meaning across the system and a 5 year implementation plan which will identify efficiencies both in terms of savings and opportunities for reinvestment
- Delivery of an integrated model for commissioning
- Delivery of a workforce development programme
- Clear governance arrangements for integrated care and support
- Joint information systems as a mechanism for
 - targeting those who would benefit most from person centred, coordinated care and support
 - delivering coordinated care
 - reporting progress
- Risk register to include potential impacts on providers and mitigating actions including testing and refining measurement and payment mechanisms/systems.

Outline Timeline

Task	Activity	timescale
Define higher Purpose	Use pioneer bid to catalyse next steps in integration with Health and Wellbeing Board. Outline of bid June 2013, final bid September 2013, workshop with Board members to be organised	3 months
Agree the scale of the challenge	Rapid review of evidence base including Nuffield Trust Report (June 2013) Baseline system intelligence review. Visioning event for the system (possibly world café) Stakeholder analysis and system mapping Agree roadmap	3 months
Frame the story	Agree communication strategy and messages framed for respective audiences	3 months
Design and deliver at scale	Agree evaluation and measurement frameworks Agree key steps on roadmap	6 months
Build capacity and capability	Review leadership capability and capacity across the system	6-9 months
Join up plans and actions	Commissioner and provider plans harmonised for 14/15 via Health and Wellbeing Board	9 months
Make progress visible	Communication strategy and system events	3 months
Realise and optimise benefits	Regular reports on evaluation and benefits realised	12 months

These will all be enhanced if Doncaster was awarded 'pioneer' status.

Demonstration of commitment to integrate care and support across the breadth of relevant stakeholders and interested parties within the local area

Our desire to intensify the scale and pace of change in Doncaster is grounded in the early successes of the Health and Wellbeing board and its commitment to driving forward integrated care and support in Doncaster.

As an early adopter Doncaster established a Shadow Health and Well-Being Board in 2011. The shadow board agreed the following as its core functions:-

- Preparation for formal establishment
- Commission and approve the Joint Strategic Needs Assessment
- Commission and approve the Joint Health and Well Being Strategy
- Set the health and social care commissioning framework
- Become the focal point for health and wellbeing decision making
- Drive collaboration, integration and joint commissioning.

Chaired by the portfolio holder for Social Care and Health, the now statutory Board, is representative of all key stakeholders and includes Local Authority Elected Members and Chief Officers, the Chair and Chief Operating Officer of the Doncaster Clinical Commissioning Group, the Chief Executive of Rotherham, Doncaster and South Humber NHSFT, the Chief Executive of Doncaster Bassetlaw Hospitals NHS FT, the Director of the NHS England South Yorkshire and Bassetlaw Area Team and the Chair of Doncaster Healthwatch. The Board has agreed its first Health and Wellbeing strategy, which was developed in consultation with partners and Doncaster people, and demonstrates commitment to organise care and support around a series of 'I' statements.

The strategy clearly articulates the Board's vision, mission and three key aims for Health and Wellbeing in Doncaster:-

Vision

'Doncaster people will enjoy a good life, feel happy and healthy, and agree Doncaster is a great place to live'

Mission

"To ensure everyone works together to improve Health and Wellbeing for and with the people of Doncaster"

Aims:

- Firstly, the strategy presents a high level vision for health and wellbeing in Doncaster and describes the locally adopted model for health and wellbeing.
- Secondly, the strategy outlines the roles and ways of working for key partners to play in securing a 'safety-net' of health and social care services and interventions for Doncaster people.
- Thirdly the strategy indicates the following five areas of focus where the partners believe real progress will only be made by all the partners working together.

- Alcohol;
- Mental Health and Dementia;
- Obesity;
- Family;
- Personal Responsibility.

In securing a safety net of Health and Social Care interventions in Doncaster the strategy identifies that the board will promote integration and joined-up commissioning across NHS, LA and Public Health and support joint commissioning and pooled budget arrangements.

Alongside the Health and Wellbeing Boards commitment, the commitment to partnership working is well articulated in a range of key strategic documents across the system for example;-

- The Doncaster Single Integrated Plan v1.0;
- The Health and Wellbeing Strategy 2013-2016;
- The Children's and Young People Plan 2011-2016;
- The Children's and Young People Improvement Plan 2013;
- DMBC Adults Social Care Commissioning Strategy;
- DMBC Corporate Commissioning and Procurement Strategy 2013-2016;
- The Children's Centre Service Specification 2012-2013;
- JSNA Mental Health in Doncaster – the perspective of the voluntary sector;
- A strategy for Independence and Wellbeing in Doncaster

Furthermore there is also a good understanding developing - in the face of increased demand and reduced resource - of the need to:-

- Build capacity within **communities** and foster a **culture of co-production** which shift the balance of power, responsibility and resource away from professionals and towards Doncaster people and supports them to maximise their contribution as citizens
- Make the strategic shift towards prevention and early intervention and place this at the forefront of the new system of care and support as a mechanism for avoiding crisis
- Increase choice and control to ensure that care and support responds to need and delivers the outcomes people want

Whilst strong commitment to partnership working is evident and shared purpose evolving, we acknowledge that there is little that articulates how organisations intend to go about delivering change in any coordinated way.

The Board however is perfectly placed to draw this together cross the whole system and take the lead in bringing a more co-ordinated approach.

It is in this context alongside successful delivery of the shadow board's functions that we believe the now statutory Board is placed in a strong position to drive forward the integration agenda in Doncaster.

Demonstration of the capability and expertise to deliver successfully a public sector transformation project at scale and pace

Doncaster has been bold enough to place itself at the forefront of a number of key initiatives in order to transform delivery at a local level, establish learning and develop expertise in a range of areas. Furthermore it has had a good degree of success in the delivery of such initiatives. For example:

- **Improving Access to Psychological Therapies National Demonstration Site**

In 2006 Doncaster was one of 2 Demonstration sites. It successfully implemented a stepped care model of psychological therapy provided by a novel workforce (case managers) supported by traditional roles (clinical psychologists) that increased access to roughly 4,000 people in 1 year through the use of face to face and telephone based interventions. The service measured outcomes on a session by session basis and provided a seamless service with Job Centre Plus to enhance recovery.

- **Local Involvement Network Early Adopter**

As one of seven Department of Health (DH) Early Adopter Projects in 2007/8, Doncaster gained valuable experience and understanding of the transition from the Patient & Public Involvement (PPI) Forums to LINKs. Our learning contributed to implementation of the Local Government and Public Involvement in Health Act 2007 which placed a duty on the local authority to commission a Host organisation for the LINK.

- **Local Healthwatch Pathfinders**

Following submission of a joint proposal in 2011, Doncaster became one of 75 national Healthwatch Pathfinders. A multi-agency Steering Group considered existing networks and an engagement model to raise public awareness of the proposed changes to NHS services and the transition to LHW. Doncaster's Pathfinder Case Study was used by the LGA as one of 15 examples of good practice in their report "Building Successful Healthwatch Organisations" designed to assist local authorities to Commission fit -for-purpose Local Healthwatch bodies.

- **Health and Wellbeing Board Pathfinder**

Doncaster was an early implementer of a Health and Wellbeing Board. Council officers led a development group of health partners, council members and public representatives in establishing a fully functioning and representative shadow board in April 2011. The Board has now held its first meeting as a statutory committee and will focus on the following areas

- Ensuring the Joint Strategic Needs Assessment (JSNA) is fit for purpose
- Promoting integration and joined up commissioning across NHS, social care and public health
- Supporting joint commissioning and pooled budget arrangements
- Leading on developing and delivering the Joint Health and Wellbeing Strategy including the areas of focus.
- Reviewing and refining the Joint Health and Wellbeing Strategy for 2013
- Establishing its role in the Health and Wellbeing arena in Doncaster

Doncaster also led on the National Learning Set 'How to hardwire public engagement into Health and Wellbeing Boards'. This group, made up of Councils from across the country, were the first of the learning sets to report back and produce guidance for Boards in April 2012.

- **Personal Health Budgets Pilot.**

Doncaster has been instrumental in the development of Personal Health Budgets as part of the National Pilot. Running from 2009 to 2012, Doncaster was an in-depth site working closely with the National Delivery Team and the University of Kent. Running two separate pilots – one in mental health and the other in continuing health care, we have worked together as a health and social care community to enable service users to have greater choice and control. We are now working together to prepare for the national roll-out of Personal Health Budgets in continuing health care and the 'right to ask' from April 2014.

- **Integrated Mental Health Service.**

Integrated Mental Health Service. Provision of integrated Adult Mental Health services by Rotherham, Doncaster and South Humber NHS Foundation Trust (RDASH), including the integration of the Improving Access to Psychological Therapies National Demonstration site. Key lessons

- Integrated working processes/care pathways and co-location are proportionately more beneficial than full organisational integration
- Care needs to be taken to ensure that the legal and regulatory requirements of the component parties within the integrated model are transparent and fully maintained
- Professional roles need to be clearly defined and protected to avoid any drift into unintended generic practices. Where different professions are managed in an integrated, multi-disciplinary model, access to appropriate professional supervision and guidance/advice is essential
- The cultural identities of the different staff groups need to be recognised and taken into account when combining them in an integrated model

- **One Team Working Description & Learning**

One Team Working (OTW) was launched in the East area of the Borough in September 2011 and is now in its final stages of development. A Programme Manager was appointed to deliver OTW and a joint governance board established to provide leadership and direction and to monitor progress. An evaluation report was presented to the governance board in May 2013 to describe progress. The report highlights key outcomes, outputs and issues to be addressed. Subsequent reports will be made available as the pathway becomes embedded in all four areas of Doncaster and will take the form of the CQUIN Evaluation Framework.

The future development of One Team Working will rest with the provider managers within the partnership and a workshop has been scheduled for June 2013 to hand over the future supervision and administration of OTW. A SWOT analysis from each area will form the basis for further discussion, highlighting the positive outcomes and ensuring that concerns, risks or threats to the continued success of OTW are addressed.

Both organisations have agreed to contribute to the cost of a formal evaluation over a two year period. It is expected that the evaluation will be published at the end of 2014/15

Commit to sharing lessons on integrated care and support across the system

We are committed to share our lessons learnt through peer-to-peer promotion, dissemination and learning networks. We should also expect to publish our findings in a range of publications. We expect this to enable other areas to go 'faster' too.

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