

Better Care Fund – Integration Executive

Integration Resources - November 2018

A. Midlands and Lancashire CSU Strategy Unit Evidence insight bulletin

A special edition of Evidence insights contains evidence on the 50 new care model vanguards, which were developed following the 'Five Year Forward View', (published in October 2014).

The evidence has been gathered from a range of sources with open access and covers learning from all five vanguard types:

- Integrated Primary and Acute Care Systems (PACS)
- Multispecialty Community Providers (MCPs)
- Enhanced Health in Care Homes (EHCH)
- Urgent and Emergency Care (UEC)
- Acute Care Collaborations (ACC)

The edition features New Care Models, evaluations, implementation learning, research, useful resources and the future of New Care Models

To view the bulletin please visit <https://mailchi.mp/95bcdce19a0e/1v4i4qu307-1292065?e=64ac92f452>

B. East Midlands Academic Health Sciences newsletter

The East Midlands Academic Health Science Network newsletter provides updates about clinical, industry and patient safety programmes along with news about support services, projects and funding opportunities.

To view the newsletter please visit

<https://mailchi.mp/nottingham.ac.uk/plb0jsdynh-3345537?e=2d3dcc40e5>

C. £240M Adult Social Care winter fund announced

Health Secretary Matt Hancock announced that an additional £240m will be allocated to social care in England to ease pressure on the NHS this winter by enabling more elderly people to be cared for at home. The extra money, aimed at reducing delayed transfers of care, could pay for more than 71,500 home care packages to help patients get out of hospital quicker or 86,500 reablement packages, with support workers to help patients carry out everyday tasks like making a meal and regaining mobility and confidence. Alternatively, it could buy nearly 27,000 home adaptations, including putting in place new facilities for personal care, for example adapting a shower room if a patient has limited movement. Further information on the £240m Adult Social Care winter fund can be found at <https://www.gov.uk/government/news/240-million-social-care-investment-to-ease-nhs-winter-pressures>

D. New NHS social care and support guide available

NHS Digital has produced a new guide containing information to help those who may need social care, now or in the future, to understand options available to them and how to access services. Local authorities, NHS organisations and care providers can signpost people to the information. They can also reuse it on their own websites through a free syndication service which pulls up to date content directly from nhs.uk onto their website or mobile application.

To view the guide please visit <https://www.nhs.uk/conditions/social-care-and-support-guide/>

E. A year of Integrated Care Systems: reviewing the journey so far

The aim of this study undertaken by the King's Fund was to understand how ICSs are developing and identify emerging lessons for local systems and national policy-makers. The King's Fund conducted interviews with 72 NHS and local government leaders and other stakeholders to examine progress in eight of the first ICSs.

To view the report please visit <https://www.kingsfund.org.uk/sites/default/files/2018-09/Year-of-integrated-care-systems-reviewing-the-journey-so-far-report-summary.pdf>

F. Herefordshire Council Integration and Better Care Fund Refresh 2018-19

The case studies included in the report illustrate the importance of partners across the health and social care system working together to ensure that discharge plans are in place for individuals as soon as possible.

During 2018/19 the Better Care Fund will be investing in a number of key schemes which will improve the urgent care experience for adults throughout Herefordshire. These include the introduction of an integrated discharge team, Trusted Assessor, Discharge to Assess, Community Capacity and Improving quality of Care in Care homes.

To view the report please visit <https://councillors.herefordshire.gov.uk/documents/s50060591/BCF%20Case%20Studies.pdf>

G. Learning from CQC system reviews

To view the presentations from these learning events please visit <https://local.gov.uk/cqc-learning-event-27-september>

H. NHS Leadership Academy Do OD app and culture change tool

This app will prompt thinking and action and provide support and advice on culture change, it aims to do three key things.

1. Ask key questions to help you to think about what you might need to do to change culture.
2. Help you identify areas of strength and areas of development.
3. Offer pointers and practice resources which provide help and advice on culture change.

At the end of each section you will be given a visual representation of your responses as well as an invitation to share any thoughts that the app has sparked for you.

To download the App please visit

https://www.leadershipacademy.nhs.uk/resources/organisational-development/download-od-app-culture-change-tool/?utm_source=LinkedIn&utm_medium=social&utm_campaign=SocialSignIn&utm_content=DoOD

I. Integrated Care Systems

For information about Integrated Care Systems (ICS), including details of those areas which are working towards developing an ICS, please visit

<https://www.england.nhs.uk/integratedcare/integrated-care-systems/>

J. 10 principles for integrated care policy

The government's green paper on social care for older people in England is expected in the autumn.

To contribute to the debate about social care reform, the Institute for Healthcare Management and 2020health brought together figures from social care, healthcare and the voluntary and private sectors to deliver short, TED-style talks before an audience of 120.

From their speeches and the discussions that followed 10 principles that should underpin social care policy and practice have been identified.

To view the report, please visit

<https://files.constantcontact.com/9bc520cb001/dc21b7bf-2495-419f-b510-ac67fa121634.pdf>

K. Attain (Consultancy) on the four key drivers of integration in health and social care

Integration looks different in every area: virtual, physical and digital, yet all seek to achieve a positive change for the health and care economy and the community it serves.

The drivers for health and care integration include a desire to reduce emergency bed days, improve the quality and efficiency of care, and reduce duplication between multiple organisations involved in the care of an individual.

There are several key areas to focus on when integrating health and care services, and in this article, we consider four of those areas we believe are most pertinent;

Population health management

Central to the question of integration is 'integration of what services and for whom?' Defining the target population for integrating services is crucial to ensure that:

- The right services are integrated
- The model of care is designed to meet individual needs
- Evidence in the case for change and evaluation is robust

Population grouping is fundamental in determining an integrated service model. The focus should be on understanding the holistic needs of that segment, along with the interventions and overarching model of care required to address their needs.

Segmentation also supports a focus on prevention, ensuring that the 'healthy' population cohort is supported to remain healthy, and that people with health and wellbeing issues can avoid deterioration, which would see them move to a more complex cohort.

The starting point is to define population segments clearly, mapping the past resource utilisation of this segment and predicting future resource use via risk stratification information where possible. This can then be benchmarked against other areas and also underpin developing realistic population health budgets, increasing overall efficiency.

Digital integration

One of the biggest practical barriers to integration is multiple systems, an inability to see a shared care record and systems not 'talking to each other'. This can also be a barrier to getting the right baseline and high-quality data to evaluate the impact of a new care model.

When integrating health and social care services in the community, consider focusing on:

- A digital strategy to underpin the delivery of integrated services on the ground in the medium to long-term.
- Quick fixes to alleviate the pressure, duplication and hindrance for operational teams across organisations trying to work together differently.
- Clarity on the processes – work with professionals and service users to rationalise paperwork, create single assessments and support plans to make sure it meets the needs of those using the service and supporting organisations.
- Invest time in collecting baseline data, an evaluation plan and identifying analytical skills and capacity to do this.

Co-production and engagement

Another key challenge integrating care is the cultural change within teams, organisations and systems required to provide services more effectively.

Co-production during design is crucial to this. The best examples of integrated care we have seen and worked within, have been those which have genuinely co-produced with their staff teams, service users, carers and wider stakeholders. This can seem slow and challenging but yields the most sustainable results.

Often within systems buy-in and commitment is absolutely clear at the top of the system and at the frontline, clinicians and professionals are working together well to do the right thing for service users. However, often this stops in the middle. Middle managers can often be barriers to transformation. Most resistance comes from operational managers who have not been fully involved in the design and have been too heavily focused on meeting budgets and targets. By involving and empowering this group, they will become the enablers for change – able to quickly spot issues and drive real operational change from the frontline.

Enabling commercial mechanisms to support operationally integrated models

Our experience has shown us that the biggest impact is made when transformation is done with and as closely to service users and frontline staff as possible. However, this alone is unlikely to drive the level of transformation required. There are important aspects within the 'form' discussion which can underpin and drive the behaviours and transformation required on the ground. These include:

- Alignment of financial incentives to ensure the whole system is incentivised to deliver the agreed outcomes
- Commissioning and contracting across a range of providers to support the required outcomes
- Effective and collective leadership focused on quality improvement

Many of these core elements will require a change in the way services are commissioned, their associated contractual arrangements, and the way in which organisations work together. Whilst a change to organisational form is not a prerequisite to integrate services, the impact of integration is reliant solely on the ability of frontline staff and managers to make it work.

Implementation of the commercial changes do not need to be 'big bang' nor absorb capacity in the legalities of forming new organisations. Outcomes based commissioning and Alliance contracting are just two ways in which the ambition can be practically realised.

L. What should the NHS long-term plan say about STPS and ICSS?

This blog post from the King's Fund identifies five steps to support the continuing transformation by aligning regulation, policy and practice. To view the blog please visit <https://www.kingsfund.org.uk/blog/2018/10/what-should-nhs-long-term-plan-say-about-stps-and-icss>

M. System leadership in local government—new Collaborate/Solace essay collection

This essay collection on system leadership in local government has been authored by Chief Executives who participated in the Collaborate/Solace Ignite system leadership programme over the past year. The essays set out compelling portraits of the challenges these leaders face in their localities, in a context of perpetual and rapid change. They reveal how important Ignite has been in supporting their progress, raising their ambition, and reflecting on their work. Local Authority Chief Executives were missing critical support and important challenge. And they show how, through Ignite, they found it in each other.

To view the essays please visit <https://collaboratecic.com/keeping-it-personal-7a1e2f615876>

N. Budget announcement and analysis

For the BBC Analysis please visit <https://www.bbc.co.uk/news/business-41889793>

For the NHS Confederation briefing please visit <https://www.nhsconfed.org/news/2018/10/budget-2018-summary>

For the LGA briefing please visit <https://www.local.gov.uk/sites/default/files/documents/Budget%202018%20%E2%80%93%20summary%20of%20announcements.pdf>

The ADASS Statement is as follows:-

Glen Garrod, president of the Association of Directors of Adult Social Services (ADASS), said: “It’s positive to see a step in the right direction in today’s budget – the additional £650 million for social care will provide necessary support to older and disabled people and their families, care workers, providers and the NHS. However, this is still far short of the £2.35 billion that ADASS identified would be needed for social care to stand still in 2019/20; councils have been struggling with funding shortfalls for years.

“It is also encouraging to see the funding for mental health crisis services, which are vital, come from the £20 billion funding already announced for the NHS. The £45 million for the disabled facilities grant will also enable more people to live independently, with home adaptations enabling them to live in their own homes for as long as possible.

“It is important to remember that social care is accounting for over 40 per cent of council budgets, whilst still not meeting all the needs of the community. With rising need and increasing complexity, the demand for care and support services is only going to increase.

“This budget has failed to provide the long-term funding solution that social care desperately needs – and whilst the extra investment is welcome, the need for that long-term approach has never been more urgent. Yet again, the

Government has made promises of the green paper on social care coming soon; yet again, it has failed to materialise.

“The green paper now must become an urgent priority if we are to ensure that older people and adults with disabilities who live in our communities get the essential, person-centred care they need that can truly transform live. The time for sticking plasters is over – we now need to see a serious commitment towards making social care sustainable.”

The HSJ's Coverage is as follows:-

In the wake of Theresa May's announcement that she would increase NHS funding by £20bn over the next five years, there was much comment that a Rubicon had been crossed – as there was no way the government could find that kind of cash without raising taxes.

Endless opinion polls were produced showing the British people would welcome such a move and there was a sense of an argument finally won.

But in the end, the £20bn was funded through a windfall provided by a surprise increase in government revenue, and tax remained (effectively) unraised.

That does not mean that Number 10 (if not the Treasury) had not accepted the need for NHS tax rises – there was plenty of evidence that it had. The revenue windfall allowed them to dodge that bullet.

Hindsight is a wonderful thing, but Simon Stevens and Jeremy Hunt would be forgiven for thinking: “Bugger, should have argued harder for more.”

In other health and social care news from Monday's Budget:

- Further PFI and PF2 deals were ruled out by the chancellor, who stated there was “compelling evidence” the deals did not deliver good value for taxpayers or genuinely transfer risk to the private sector. A new central team to try to cut costs on existing contracts, starting with the NHS, is also promised.
- Mental health spending will increase as a share of total NHS spending over five years, the Budget document states. Media pre-briefings perhaps undersold this, by saying mental health spend would grow by “at least £2bn” a year in real terms by 2023-24. The £2bn sum implies only that mental health would get similar growth to the NHS budget overall – not quite the increased share of the pie that some think is due. Either way, the clear message is that mental health will be a priority in the NHS long term plan, as expected.
- The NHS is expected to deliver cash releasing productivity growth of at least 1.1 per cent per year, with a final number to be confirmed in the long term plan. This is higher than the 0.8 per cent delivered over the last two decades, but lower than the 1.4-1.8 per cent the Treasury was thought to be pushing for.
- The Budget documents confirm the 3.6 per cent real terms uplift for NHS England spending next financial year as was announced in June. But they also strongly suggest that there will be no concomitant uplift for health

budgets which fall outside the NHS England ringfence in 2019-20. This has been the policy of recent years, which has seen capital, training and public budgets cut away.

- Departmental budgets for 2020-21 and beyond are still up for grabs, though, meaning negotiation will continue over these all important spending categories in the run up to next year's government spending review. The Budget document said: "The government will consider proposals from the NHS for a multiyear capital plan to support transformation, and a multiyear funding plan for clinical training places. The government will also ensure that public health services help people live longer healthier lives. Budgets in these areas will be confirmed at spending review 2019."
- On social care, an additional £650m was allocated to local government in 2019-20. The chancellor also confirmed that the much delayed social care green paper would be published soon, and set out difficult funding choices for the future (not actually *make* the choices, of course).

O. Accountable Care Journal

For this free newsletter please visit <https://accountablecarejournal.com/>

P. NHS funding boost: the need to manage expectations

To view this blog post from the Nuffield Trust, which takes an in-depth view at this summer's announcement that the NHS in England is to get an extra £20.5 billion a year by 2023/24, please visit <https://www.nuffieldtrust.org.uk/news-item/nhs-funding-boost-the-need-to-manage-expectations>

Q. Care and Health Digital and Information Bulletin

For the latest bulletin please visit <https://content.govdelivery.com/accounts/UKLGA/bulletins/216ead0>