

TRAFFORD COUNCIL

Report to: Executive
Date: 25 March 2013
Report for: Decision
Report of: Executive Member for Adult Social Care

Report Title

Health and Social Care reform in Greater Manchester

Summary

1. This paper seeks Executive endorsement of the attached (Appendix 2) AGMA Public Service Reform paper. The AGMA paper clearly and simply describes the priorities for health and social care reform across Greater Manchester and is being presented to all ten AGMA Executives and Cabinets, as well as local Health and Well Being Boards in March and April 2013.

Recommendation(s)

It is recommended that the Executive :

- (i) Endorse the approach outlined in the report and commit to working locally with our partners to provide a local perspective and context to the proposals.
- (ii) Commit to work with partners, particularly the CCG and our the local acute trusts, to develop a brief report on current progress in developing models of integrated health and social care in Trafford.
- (iii) Present the report back The AGMA Executive Board at the June 2013 meeting
- (iv) Note that the development of the models of integrated care provide a framework for the public consultation on the reconfiguration of some hospital services due in the summer 2013.

Contact person for access to background papers and further information:

Name: Deborah Brownlee, Corporate Director, Communities and Wellbeing

Extension: 912 1901

Background Papers: None

Relationship to Policy Framework/Corporate Priorities	Improving Health and well-being of Trafford residents
Financial Implications:	None directly stemming from this report. However the implementation of the PSR programme should bring significant value for money benefits across the whole health and social care agenda
Legal Implications:	None at this stage
Equality/Diversity Implications:	Full Equality Impact Assessments will be completed for any specific developments that arise from the development of integrated health and social care
Sustainability Implications:	Not applicable
Staffing/E-Government/Asset Management Implications:	None at this stage
Risk Management Implications:	None at this stage
Health and Safety Implications:	None at this stage

1.0 Introduction

1.1 It was announced in December 2011 that Greater Manchester would be one of the four Community Budget pilot areas. This work has led to a wide ranging Public Service Reform programme across all ten GM Local Authorities and key public sector partners to drive forward reform in five key thematic areas:

- Troubled families
- Transforming justice
- Health and social care
- Early years
- Work and skills

1.2 The GM concept of a Community Budget involves joint investment and resources from a range of partners to reduce dependency and support growth, creating new delivery models and investment models that drive down the demand for public services. This should help overcome situations where interventions paid for by some partners benefit many others and where time-lags in achieving outcomes discourage investment in early intervention and prevention;

1.3 In particular the GM pilot aims to produce deliverables on:-

- a) **Working examples of investment models** that bring together investment from multiple partners and realise a return on that investment.
- b) **New delivery models** for integrated commissioning and delivery across all organisations involved in these themes backed by new investment models.

c) **Robust evaluation evidence** demonstrating financial/non-financial benefits of new delivery models over 'business as usual'; quality assured by academic partner.

d) **A series of methodologies** that can be scaled up or down and readily used by other areas, including investment agreement templates, CBA methodology, a framework for workforce development that enables flexible deployment of staff across organisational boundaries, to help implement new delivery models and secure cashable savings.

1.4. The attached paper provides information specifically about the Health and Social Care theme of the PSR programme.

1.5. The PSR programme is very clear that there is no intention to specify a model of care to be developed locally – this is a matter for local partners and likely to be determined by local factors such as the role of the hospital, the positioning of community services, the development of primary care services, the ambition of the CCG and Local Authority, and the history of collaborative working. There is a proposal however that each area should develop a local plan for the development on integrated care and that these plans should have common components and adhere to some common principles. It is important to make the points that this is not "a one size fits all" approach and that Districts will not be expected to go at the speed of the lowest. Whilst the general principals are good the actual implementation for Trafford is likely to be different from say Rochdale or Manchester and these need to be made clear to avoid possible future re-interpretations

1.6. Definition of Integrated Care

For the purposes of this exercise the term "integrated care" is regarded as having 3 essential properties (1):

- *Integrated care seeks to improve the quality and cost-effectiveness of care for people and populations by ensuring that services are well co-ordinated around their needs - it is by definition both 'patient-centred' and 'population-oriented'*
- *Integrated care is necessary for anyone for whom a lack of care co-ordination leads to an adverse impact on their care experiences and outcomes*
- *The patient or users perspective is the organising principle of service delivery*

1.7. Components of Locality Plans

Local Integrated Care plans will look different, but the Community Budget/Public Service Reform Team work has previously suggested the likely content of them, and this is attached as Appendix 1.

1.8. Framework for Peer Review

To secure maximum benefit from the opportunity to compare progress across GM on models of integrated care locally, work is underway to create a framework for feedback. Based on the work of the public service reform programme to date we think this will have essentially 7 characteristics;

- a. Cross agency leadership commitment and governance including Local Authority (political and managerial) , CCG (clinical and managerial) and Acute Trust

(managerial and clinical) to new service models focused on substantially reducing avoidable admission to hospital and other care institution

- b. An understanding of the costs and benefits across all partners of the new service models being proposed, and the contracting and reimbursement models that would allow decommissioning and new commissioning to occur at a scale
- c. A focus on scale – for example the need to target new interventions at cohorts of the risk stratified over 65 population of not 1% or 5% but at least 20% and possibly more.
- d. A focus on outcomes – to deploy analysis such as the AQUA/ADASS benchmarking tools to understand the baseline and test the effect of the operation of the local system
- e. A recognition of how interventions planned and delivered at a GM level (e.g. NWAS, 111, reconfiguration of some hospital services) will inform the development of the local model.
- f. A demonstration of the extent to which patient and carer experience is captured and used to inform future development of the model.
- g. A credible plan to address some key enabling functions, particularly
 - i. Data sharing agreements across partners that actually work at service level to support single entry and single access points for different agencies
 - ii. Workforce development strategy that promotes genuinely integrated working, including joint training and development opportunities
 - iii. A “total place” consideration of estate utilisation to effect a the necessary shift of activity from hospital and care institution

2.0 Other options considered

2.1 To not endorse the attached paper

The option of not endorsing the AGMA approach to this issue would be contrary to the effective development of integrated health and social care within Trafford.

3.0 Recommendations

That the Executive:

- (i) Endorse the approach outlined in the report and commit to working locally with our partners to provide a local perspective and context to the proposals.
- (ii) Commit to work with partners, particularly the CCG and our local acute trusts, to develop a brief report on current progress in developing models of integrated health and social care in Trafford.
- (iii) Present the report back The AGMA Executive Board at the June 2013 meeting.

(iv) Note that the development of the models of integrated care provide a framework for the public consultation on the reconfiguration of some hospital services due in the summer 2013.

Reasons for Recommendation

The proposals will allow Trafford to play a full and active part in the development of the GM Public Service Reform Programme and drive forward the principle of integrated care in Trafford.

Finance Officer Clearance *(type in initials)*.....IK.....

Legal Officer Clearance *(type in initials)*.....JL.....

CORPORATE DIRECTOR'S SIGNATURE *(electronic)*

A handwritten signature in black ink that reads "Deborah Brounlee". The signature is written in a cursive style with a large initial 'D' and 'B'.

To confirm that the Financial and Legal Implications have been considered and the Executive Member has cleared the report.

Appendix 1 – Example Content of Locality Plans

- **Integrated End of life care**
- **Integrated Hospital diversion and discharge**
 - Joint Urgent response – 24/7
 - Aligned intermediate care / reablement
 - Aligned discharge
- **Integrated Care Management**
 - Vertical and horizontal integration
 - At zone / locality level
 - Single assessment
- **Integrated Self Care**
 - Direct Payments and Personal Health Budgets (Link to CHC)
 - Expert patient
 - Carers strategy
 - Telecare / telehealth
- **Support related Housing**
- **Early Diagnosis / Case finding / Target upstream services e.g**
 - Falls Risk assessment and prevention
 - Incontinence
 - Dementia early intervention
- **Community / Social Capital – voluntary and market care and support**
 - Befriending
 - Time banking
 - Care navigator
 - Micro enterprises
- **Universal Information and advice**
- **Population level activity supporting improved health and well being and reducing future demand**