

# WIRRAL HEALTH & WELLBEING BOARD

<b>Meeting Date</b>	10 July 2013	<b>Agenda Item</b>	7
---------------------	--------------	--------------------	---

<b>Report Title</b>	<b>Long Term Conditions Integration Programme and Expression of Interest to be a Health and Social Care integration Pioneer.</b>
<b>Responsible Board Member</b>	Graham Hodkinson Director of Adult Social Services

<b>Link To HWB Function</b>	<b>Board development</b>	
	<b>JSNA/JHWS</b>	
	<b>Health and social care integrated commissioning or provision</b>	yes

<b>Equality Impact Assessment Required &amp; Attached</b>			N/A		
<b>Purpose</b>	For approval		To note		To assure
					Yes

<b>Summary of Paper</b>	1.To provide the Health and Wellbeing Board with an overview of the Long Term Conditions Integrated Programme Boards function, membership, governance arrangements and vision for the future. 2. To inform and engage with the Health and Wellbeing Board on the application submitted expressing interest to become an Integration Pioneer.		
<b>Financial Implications</b>	Total financial implication	New investment required	Source of investment (e.g. name of budget)
	£ n/a	£ n/a	£ n/a
<b>Risks and Preventive Measures</b>	Risks formally managed within the programme		
<b>Details of Any Public/Patient/Service User Engagement</b>	Public/Patient/Service User consultation is managed through the Long Term Conditions Integration Programme.		
<b>Recommendations/Next Steps</b>	See attached report		

<b>Report History</b>		
Submitted to:	Date:	Summary of outcome:
<b>List of Appendices</b>	Appendix 1 Terms of reference and Partnership Agreement	

<b>Publish On Website</b>	Yes		<b>Private Business</b>	Yes	
	No			No	

**Report Authors: Mike Evans Head of Integration/Joint Commissioning  
Sheena Hennell: Commissioning Manager - Wirral CCG and WHCC**

## **Introduction**

- 1.1 In 2012 the NHS and LA collaborated to establish the Long Term Conditions Integration Programme. This purpose of the programme is to address the demands arising from demographic changes and increasing numbers of people with long terms conditions. As such it includes supporting delivery of the North West DH QIPP Long Term Conditions Commissioning Development Programme and transformation of Health and Adult Social Care, through closer working and appropriate integration of both assessment and service provision. Governance for the Board is provided via the collaboration of sponsors and direct reporting to Chief Executive Officer Group (see appendix 1 for terms of reference and partnership agreement).
- 1.2 This year the Care and Support Bill is before Parliament and alongside this, in May 2013, the Government published "Integrated Care and Support: Our Shared Commitment" This document emphasises the importance of creating a culture of cooperation and coordination between the NHS, Social Care, Public Health, other local services and the Third Sector. This report states:

"Working in silos is no longer acceptable. We have to end the institutional divide between physical and mental health, primary and secondary care, and health and social care."
- 1.3 The ambition within "Integrated Care and Support: Our Shared Commitment" has close synergy with the terms of reference of the Long Term Conditions Integration Programme, where there is the underpinning principle of developing integrated seamless services, with the focus on supporting individuals to continue to live at home.
- 1.4 In May 2013 the Department of Health wrote to LA chief Executives, Chairs of Health and Wellbeing Boards, CCG Clinical Leads and provider NHS Chief Executives, informing them of opportunity to express interest to be a 'Health and Social Care Integration Pioneer'.(Appendix 2) Given the work already underway in the Wirral and the synergy between the ambition of the LTC Integration Programme and the ambition as laid out in 'Integrated Care and Support: Our Shared Commitment' it was agreed that Wirral is in a position to express interest and the application was submitted within the deadline of 28<sup>th</sup> June 2013. (see appendix 3).
- 1.5 The selection process for Integration Pioneers will take place over the summer with final recommendations by the end of August.
- 1.6 It is a requirement that successful bids must have involvement and support of the Health and Wellbeing Board.

## **2. Recommendation**

- 2.1 Board Members are asked to note the joint working underway to improve health and social care services through the integration programme and to support the bid to become a 'Health and Social Care Integration Pioneer'.
- 2.2 To facilitate involvement in the work on integration, the Health and Wellbeing Board to receive regular reports updating progress.

## **Appendix 1**

Long Term Conditions Integration Programme Board

Terms of Reference and Partnership Agreement

## Long Term Conditions Integration Programme Board

### Terms of Reference and Partnership Agreement

#### Background

The Board has been brought together to develop whole-system redesign to address the demands arising from demographic changes and increasing numbers of people with long term conditions. This will include supporting the delivery of the North West DH QIPP Long Term Conditions Commissioning Development Programme and transformation of Adult Social Care, through a process of integration

In order to respond to the offer of support through the NW DH QIPP LTC Commissioning Development Programme, the group is tasked to make the step-changes needed to support people with long term conditions and meet the challenge of rising numbers of people with co-morbidities

The management and care of people with long term conditions has been described by the World Health Organisation (W.H.O.) as “**the health care challenge of this century**”.

W.H.O. define a long term condition is as “a health/social problem that requires ongoing management over a period of years or decades”.

In 2005 the Department of Health published 2 key reports both of which emphasize the importance of taking an integrated approach:

- ‘**The NSF for Long Term Conditions (2005)**’ emphasises the importance of health and social care services working with local agencies involved in supporting people to live independently, such as providers of transport, housing, employment, education, benefits and pensions.
- ‘**Supporting People and integration with Long Term Conditions**’ (2005) describes an NHS and Social Care Model to support local innovation with a clear focus on improving outcomes.

#### Programme Sponsors

Abhi Mantgani - Clinical Chief Officer / Accountable Officer, Wirral CCG

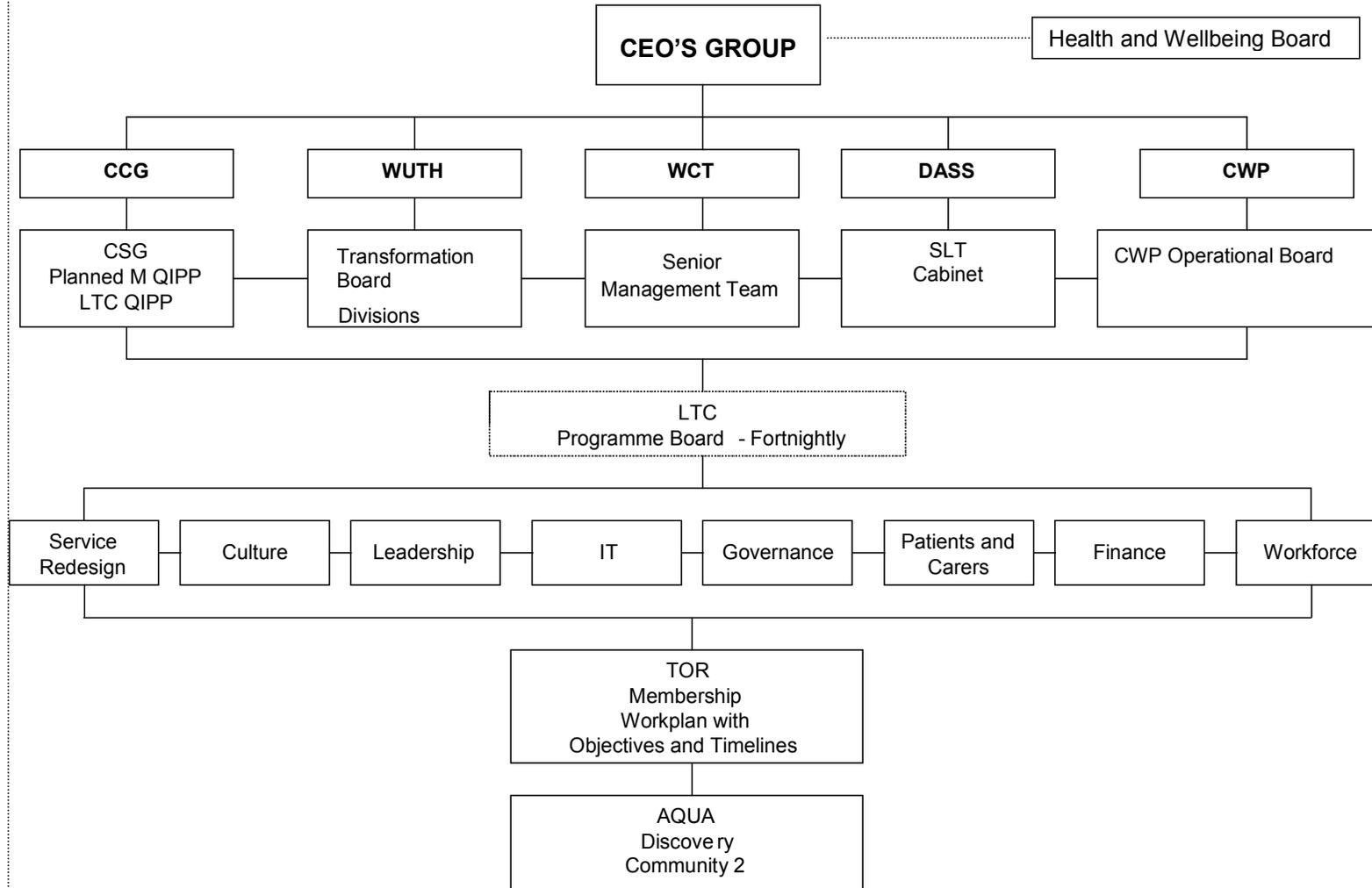
David Allison, CEO, Wirral University Teaching Hospitals, (WUTH)

Simon Gilby - CEO, Wirral Community NHS Trust

Graham Hodgkinson, Director, Department of Adult Social Services, Wirral Borough Council

Sheena Cumiskey – CEO, Cheshire & Wirral Partnership (CWP)

# INTEGRATED GOVERNANCE STRUCTURE



## **The key aims of the Board will be to:**

- Develop a long term strategy and integrated model for the population of Wirral and their Long Term Conditions.
- The model to focus on partnership working as the norm, and the individual as an expert in the day-to-day management of their condition and therefore encourage active participation in all aspects of needs assessment, condition reviews, care/support, planning and decision-making.
- Achieve this from meaningful conversation and dialogue with all key stakeholders, organisations, and their staff.
- Achieve this by engaging with patients, carers, communities and staff and develop clear credible implementation plan in order to tackle this programme of work.
- Maintain communication strategy.
- Identify the skills, roles and pathways required in order to develop and implement the model whilst being able to assess and evaluate its outcomes in line with the outcomes framework.
- Identify those within the Wirral population who are the most regular users of hospital services and are at risk of readmissions, are above the line of eligibility (Fair Access to Care) or potential users in the future, including those at risk of moving into long term care settings. Classify individuals according to complexity of need by using the agreed risk stratification tool. The use of this tool will assist with the decision making for the development and location of MDT teams.
- Provide governance for the programme and in doing so performance manage the development programme and projects/task and finish groups.
- Develop the implementation strategy and deliver the model
- Process the evaluation and deliver outcomes

## **The vision of the Long Terms Conditions Board**

Our shared purpose is to work together to improve the outcome and experience for people with a Long Term Condition by working differently across the whole Health and Social system. Through true partnership working and a proactive approach to planning and predicting (risk stratification) a sustainable future across Health and Social Care can be delivered that is of a high quality safe and cost efficient.

## **What will we see in the future?**

- High quality community care for those in need
- People having a choice of delivery of care
- Rapidly access to services
- MDT's appropriately positioned across Wirral
- Integrated budgets and documentation
- A simple process
- Helping people find the solutions for them

- All systems being able to define the options so people can make informed decisions
- Step up and step down, flex to meet peoples needs
- Family support with a good assessment process and good carer support including the education of staff
- Positive patient feedback
- Getting seamless care when and where they need it
- Business success-Whole system integrated IT
- Mixed skilled workforce
- Aligned and integrated budgets and management

## **Integrated Care community 2**

The Wirral is part of the Kings Fund and AQUA integrated care community programme receiving support and direction from the 2 organisations. From their learning we have embraced the 8 AQUA domains which support the implementation of integration.

## **Wirral Long Term Conditions Partnership Agreement (Heads of Terms)**

1. The named partners in the Wirral Long Term Conditions Programme agree to act together to address the opportunities and challenges in managing the care and support of people with a Long Term Condition. The work would be targeted to deliver the agreed joint outcomes but would sit as part of a wider health strategy.
2. The Long Term Conditions Integration Programme was established to set out the business case for transformation in public services through collaboration at all levels across the public sector. It is intended to promote public sector reform, redesigning services around the needs of citizens, improving outcomes, reducing duplication and waste and so saving significant sums of public money
3. The Board is aligned to the strategic objectives for integration of all partners and with the strategic commissioning plans of the CCG and the Council. A case for change document which includes financial modelling is in progress and will be available to demonstrate the key drivers and financial positioning as the implementation progresses.
4. All partner organisations support the 8 domain groups, with leads across all organisations. These are service redesign, leadership, culture, governance, IT, finance, patient and carer and workforce.
5. Wirral data shows that over the last two years the number of admissions for people with long term conditions to WUTH is as follows 2011/12 – 3,628 admissions (2,895 unique patients), 2012/13 – 2,923 admissions (2,414 unique patients). From CSU admission data.
6. The proportion of Local Authority spend on residential/nursing homes for 65+ is 62%, higher than the average of 52.4% for NW. Wirral is an outlier in the numbers moving from Hospital into care homes, 3.7% compared to 2.1% average for the NW. (ADASS/AQUA NW Utilisation report September 2012)
7. This is predicted to continue increasing unless fundamental change to how care is delivered can be achieved
8. Joint Outcomes from a 3 Year Delivery Plan based on
  - A better experience for individuals and their carers with care that addresses the needs of people with a LTC
  - More effective use of public resources through
    - Reduced admissions, length of stay in Hospital
    - Reduced admissions and length of stay in residential and nursing homes
    - Increased choice and services in place that support people remaining at home.
    - Demand management at the “front door” of Community Services (Health, mental health and Social Care)
9. The financial planning is crucial and the Finance domain group are supporting this work with baseline templates to be completed for each organisation
10. All reporting will be as outlined in the governance structure and Programme

## **Appendix 2**

### **LETTER INVITING EXPRESSIONS OF INTEREST FOR HEALTH AND SOCIAL CARE INTEGRATION 'PIONEERS'**

## LETTER INVITING EXPRESSIONS OF INTEREST FOR HEALTH AND SOCIAL CARE INTEGRATION 'PIONEERS'

To:

Local authority chief executives  
Chairs of Health and Wellbeing Boards  
CCG clinical leads  
Provider  
CEOs across the social care and health system – public, private and voluntary

Dear colleagues,

The Government is encouraging all areas to develop their own reforms to public services. This approach involves all services and builds on experience from the community budget pilots supported by the Department for Communities and Local Government. A collaborative of national partners<sup>1</sup> has now set out an ambitious vision of making person-centred coordinated care and support the norm across the health and social care system in England over the coming years. ***Integrated Care and Support: Our Shared Commitment*** published today, signals how this national partnership will work together to enable and encourage local innovation, address barriers, and disseminate and promote learning in support of better integration for the benefit of patients, people who use services, and local communities.

All localities need to develop plans for integration. There is no blueprint. While elements of different models will be transferable, every locality is unique and needs to develop its own model of integration to suit the needs of local people. But we know that delivering better coordinated care and support, centred on the individual, is difficult and that there are barriers at national and local level that are getting in the way.

The national partnership is therefore inviting expressions of interest from local areas to become integration 'pioneers' as a means of driving forward change at scale and pace, from which the rest of the country can benefit. We are looking for pioneers that will work across the whole of their local health, public health and social care systems and alongside other local authority departments and voluntary organisations as necessary, to achieve and demonstrate the scale of change that is required. The local area could comprise of the area covered by a particular CCG or local authority, or a larger footprint in which different authorities and health bodies work together to enable integrated services. What is important is that it would be at a scale at which a real difference can be made.

<sup>1</sup> Association of Directors of Adult Social Care, Association of Directors of Children's Services, Care Quality Commission, Department of Health, Health Education England, Local Government Association, Monitor, NHS England, NHS Improving Quality, National Institute for Health and Care Excellence, Public Health England, Social Care Institute for Excellence, Think Local Act Personal.

We will provide tailored support to pioneers. In return, we expect them to be at the forefront of disseminating and promoting lessons learned for wider adoption across the country.

National partner organisations are already working to clarify the scope and extent of the freedoms and flexibilities in the system. These will allow localities to innovate and develop their chosen models for integrated care and support. We will seek to address at local level any additional barriers that emerge as pioneers and other local areas push forward on integrated care and support, and we will assess whether any rules should be changed at the national level, as a result.

The attached annex sets out our vision for pioneers, the criteria and process for selecting them, and the offer of support from national partners, helping us succeed together in meeting our shared aspirations. As we want to enable and encourage local innovation<sup>2</sup>, we would be interested to receive expressions of interest from commissioners and providers. This includes any that might not yet have all of the prerequisites in place but nevertheless have innovative ideas and proposals worthy of further consideration. Any gaps against the criteria could be addressed during the process of pioneer selection for inclusion in the first, or subsequent, cohorts.

If you would like to be considered to become a pioneer, please send an expression of interest, addressing the required criteria on no more than 10 pages, to [pioneers@dh.gsi.gov.uk](mailto:pioneers@dh.gsi.gov.uk) by 28 June 2013. This is the first call for expressions of interest, and we expect there will be further calls in future years as momentum builds and progress is made across England.

We are working closely with the Department for Communities and Local Government and the Public Service Transformation Network – a multi-agency organisation with secondees from across national and local government and local public services -to ensure that the health and social care pioneers programme is closely aligned and integrated with support that the Network will provide to local public services. If you have already submitted an expression of interest to work with the Network and wish also to be considered as a health and social care pioneer, please send an expression of interest. We will work with the Network to ensure that we take account of this as part of the pioneer selection process.

If you have any queries, please contact us at [pioneers@dh.gsi.gov.uk](mailto:pioneers@dh.gsi.gov.uk).

We look forward to receiving your proposals.

<sup>2</sup> Innovation: *“An idea, service or product, new to the NHS or applied in a way that is new to the NHS, which significantly improves the quality of health and care wherever it is applied.”*  
**Innovation, Health and Wealth (2011)** Gateway Reference Number: 00079

## Annex

### **Pioneers in integrated care and support: Selection criteria, process and national support offer**

#### **1. Introduction**

In our joint publication today, *Integrated Care and Support: Our Shared Commitment*, a collaboration of national partners<sup>3</sup> has set out an ambitious vision of making person-centred coordinated care and support the norm across England over the coming years. We have signalled how we will work together to enable and encourage local innovation, address barriers, and disseminate and promote learning in support of better person-centred, coordinated care for the benefit of patients and people who use services, their carers and their local communities more generally.

For the most ambitious and visionary localities, we will provide additional bespoke expertise, support and constructive challenge through a range of national and international experts to help such pioneers realise their aspirations on integrated care. This approach builds on the community budget pilots, which provided insights into co-designing integrated health and care at scale and pace. The pioneer programme will link directly with the development of a Public Service Transformation Network extending across government and participating localities.

We want everyone to innovate and we have highlighted in our publication today the freedoms and flexibilities in the system. We will seek to address at local level any additional barriers that emerge as pioneers push forward and we will assess whether any rules should be changed at the national level, as a result.

We aim to stimulate successive cohorts of pioneers, supporting them for up to five years. In return, we expect them to contribute to accelerated learning across the system.

Association of Directors of Adult Social Care, Association of Directors of Children's Services, Care Quality Commission, Department of Health, Health Education England, Local Government Association, Monitor, NHS England, NHS Improving Quality, National Institute for Health and Care Excellence, Public Health England, Social Care Institute for Excellence, Think Local Act Personal.

## 2. Our expectations from pioneers

Within five years, we expect pioneers to:

- **be regarded as exemplars:**
  - deliver improved outcomes, including better experiences for patients and people who use services
  - tackle local cultural and organisational barriers
  - realise savings and efficiencies for re-investment
- **have used the Narrative developed for us by National Voices, in association with *Making it Real***, to help shape good, person centred coordinated care and support for individuals in their area
- **have demonstrated a range of approaches and models involving whole system transformation** across a range of settings
- **have demonstrated the scope to make rapid progress**
- **have tested radical options**, including new reimbursement models and taking the risk of 'failure to integrate' in some cases
- **have overcome the barriers to delivering coordinated care and support**
- **have accelerated learning across the system to all localities**
- **have improved the robustness of the evidence base** to support and build the value case for integrated care and support

## 3. Selection criteria

**Against this background, we are requesting expressions of interest from areas that wish to become pioneers. We will announce the first of these in late summer 2013.**

We will not be prescriptive about the specific models for local adoption; it will be for localities to decide, based on their own judgements and circumstances. However, to be selected as a pioneer, we would expect a locality to satisfy six key criteria: Gateway

## **Appendix 3**

Integration Pioneer

Wirral Expression of Interest Application