

THE REPORT

By: Roger Gough, Cabinet Member for Education and Health Reform

To: Kent Health and Wellbeing Board

Date: 29 May 2013

Subject: **HEALTH AND SOCIAL CARE INTEGRATION 'PIONEERS'**

Classification: Unrestricted

Summary: The Government published the *'Integrated Care and Support: Our Shared Commitment'* on 14 May 2013. This arose from the work of National Collaboration for Integrated Care and Support, comprising of 14 national organisations.

A letter inviting expressions of interest for health and social care integration for local areas to become 'pioneers' as a means of driving forward changes was published alongside the above document.

This report (taken from a recent internal KCC report) seeks Kent Health and Wellbeing Board's endorsement to submit an expression of interest by KCC in partnership with health.

A health and social care task and finish group will be convened to develop the ideas to inform the expression of interest application, which will be co-ordinated by the Policy and Strategic Relationships Team working with the Director of Older People and Physical Disability, who leads on health and social care integration.

For Decision

1. Introduction

- (1) The purpose of this report is two-fold. The first reason is to inform the Kent Health and Wellbeing Board about the publication of the *'Integrated Care and Support: Our Shared Commitment'* document on 14 May 2013. The second reason is to seek approval to submit an application for the purposes outlined below.
- (2) The *'Integrated Care and Support: Our Shared Commitment'* defines an ambitious vision for making person-centred co-ordinated care and support the rule by 2018. To support this, there will be national sponsorship of local innovation capable of supporting better integration for the benefit of people who use health and social care services as well as local communities.
- (3) The deadline for submission of applications is 28 June 2013. It is noted that as part of the condition of application, the involvement and

support of the Health and Wellbeing Board is an essential prerequisite for any area to become a 'pioneer'.

- (4) Applications will be required to show a plan for whole system integration that cover mental and physical health, social care and public health, as well as other public services, such as education, involving the community and voluntary sectors, as appropriate.

2. Policy Context

- (1) The '*Shared Commitment*' is seen as a vehicle for addressing current major barriers that adversely impact on the delivery of primarily health and social care provision. Consequently, issues such as people having to repeat information; communication difficulties between different parts of the system; people discharged from hospitals without adequate home conditions, multiple visits from a number of health and care staff at different times and inadequate co-ordination within the system are to be effectively addressed through the 'pioneer' integration projects.
- (2) Against the background of KCC's Adult Services Transformation Programme and other change initiatives, the authority is well placed to consider putting forward an application in collaboration with health. Furthermore, the development of a formalised approach to integrated commissioning through the CCG level HWBs, the vision and objectives set out in the '*Kent Health and Wellbeing Strategy*' and the discussion document '*Delivering better healthcare for Kent*' provide us with a strong foundation.
- (3) The Kent HWB will be familiar with the existing comprehensive health and social care integration programme being led by the Director of Older People and Physical Disability, in partnership with CCGs, Kent Community Health NHS Trust and Kent and Medway Partnership Trust. It is fundamental that the application that Kent submits is well grounded in operation and fully reflects the changes that the Health and Social Care Integration Programme Board is pursuing.

3. Essential outline of the 'Pioneer' Approach

- (1) The programme does not offer a blueprint or prescriptive integrated models. However, it intends to inspire succession of 'pioneers' and support them for up to five years. A key objective is to encourage local innovation, address current barriers and promote learning in support of integration.
- (2) 'Pioneer' areas expected to drive forward changes at scale and pace, working across the whole local health, public health and social care systems, in addition to other local authority services as necessary.
- (3) Applications could embrace areas covered by a particular Clinical Commissioning Group (CCG) or local authority. Alternately, it could involve large scale integrated services with different health bodies and local authorities.

- (4) There will be tailored support for 'pioneer' areas. Support will be provided during the selection phase to enable 'pioneer' areas to be specific about their needs and propose models of integration. A dedicated 'account manager' will be available as the main day-to-day point of contact with each 'pioneer' area to assist in accessing specialist support that may be needed as well as constructive challenge.
- (5) Each pioneer area will be expected (required criteria) to:
 - a) Articulate a clear vision of its own innovative approaches to integrated care and support, including how it will (i) utilise the narrative developed by National Voices and Think Local Act Personal's *Making it Real*, (ii) deliver better outcomes and experiences for individuals in its locality, and (iii) realise any anticipated financial efficiencies
 - b) Present fully developed plans for *whole system* integration, encompassing health, social care and public health, other public services and the community and voluntary sector, as appropriate
 - c) Make a clear commitment to contribute energetically in sharing any lessons on integrated care and support across the system. This will involve close working with the *Integrated Care and Support Exchange (ICASE)* and other national partners, including via peer-to-peer dissemination, workshops and learning networks
 - d) Demonstrate that their vision and approach is, and will continue to be, based on robust analysis. This will include (i) evidence that plans have taken account of the latest available evidence base, (ii) a demonstrated willingness to co-produce, with national partners, new measurements of people's experience of integrated care and support and (iii) a commitment to participate actively in an evaluation of the overall impact of the approach and our work collectively with other pioneers.

4. Selection Process and Timetable

- (1) A local area interested in becoming a 'pioneer' must submit an application no later than 28 June 2013, which addresses the required criteria.
- (2) In early July, the national partnership organisation will undertake an initial review of the Expressions of Interest in drawing on additional information including the perspectives of local representatives who use services, information from the NHS and the Care Quality Commission.
- (3) In mid-July, a Selection Panel (chaired by the Chief Executive of the Nuffield Trust), made up of representatives from national partners, three UK and three international experts will consider the

Expressions of Interest. The Panel will make its recommendations by the end of August for approval.

5. Next Steps

- (1) A working group, with representatives from the relevant functions and organisations, to be overseen by the Health and Social Care Integration Programme Board will be convened by the end of May 2013 with the aim of producing a draft submission for consideration.
- (2) The Kent Health and Wellbeing Board will be briefed in May 2013 and the relevant Cabinet Committees informed at the earliest opportunity.
- (3) Chief Officers of Clinical Commissioning Groups involvement will be sought and the planned CCG Accountability meeting on 26 June will make final consideration.
- (4) KCC Members and CCG Boards will make the final decision to submit an Expression of Interest application, taking into account all relevant factors

6. Conclusion

- (1) Health and social care integration is to be the norm from 2018, which is being kick-started through the national 'pioneers' programme. It is considered that NHS organisations in Kent and KCC have a strong track record, not least the Kent Health Commission, Health and Social Care Integration Programme and the innovative approach to the development of the Kent Health and Wellbeing Board and its sub architecture.
- (2) The Cabinet Members for Social Care and Public Health and Education and Health Reform, along with the Corporate Director of Families and Social Care, have given a strong signal that KCC and partners should, with the endorsement of CMT and Cabinet Members, submit an application.
- (3) This report seeks the endorsement of the Kent Health and Wellbeing Board to the approach outlined in this report.

5. Recommendation

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| <ol style="list-style-type: none">(1) The Kent Health and Wellbeing Board is asked to:

ENDORSE the proposal for KCC and Kent CCG(s) to submit an Expression of Interest application. |
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Background documents

Letter Inviting Expressions of Interest For Health and Social Care Integration 'Pioneer', 14 May 2013.

Integrated Care and Support: Our Shared Commitment, 14 May 2013

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