

Overview and Scrutiny Committee Briefing

21st Century Health and Social Care Project

A multi-agency project to respond to future opportunities and challenges of the changing health and social care landscape

Introduction

Across the world health care systems are facing very challenging times: the world wide recession; the progress that has been made in new treatments and technologies but the costs associated with that; the success of health and social care in achieving increased life expectancy, but the challenges that that creates. All of these are causing all health and social care commissioners and providers to ask big questions about how health care can best be provided in the 21st century. All countries are seeing big increases in the proportion of their country's budget being spent on health care which will become unsustainable if no action is taken. Across the world, governments and health professionals are considering ways in which health systems can change to meet the requirements of modern health care demands in an affordable way. Nationally and locally we are facing the same challenges.

As a result of this, local NHS and Social Care services are looking at how they can work together to manage their services better to meet these challenges and ensure we continue to provide high quality, safe and effective services within the financial resources available to us. The agencies involved are:

- NHS Derbyshire
- All four Clinical Commissioning Groups
- Derbyshire County Council – Adult Care
- Derby City Council – Adult Care
- Chesterfield Royal Hospital Foundation Trust
- Royal Derby Hospital Foundation Trust
- Derbyshire Community Health Service Trust
- Derbyshire Healthcare Trust (Mental Health Services)
- Derbyshire Health United (Out of Hours Services)
- East Midlands Ambulance Services

The proposal is to work together to establish a set of principles that each organisation can sign up to. These principles are based on the drivers outlined above. Once the principles have been agreed there will be a consultation period that all agencies will deliver together to get the public's views on the principles. These will then be amended according to the feedback. This will bring us to the second stage of the project. In the second stage agencies will identify any changes or improvements to services based on these principles that will help them to meet the challenges. These proposals will then be consulted on. This will either be done by each individual organisation or as a joined up group of health and social care organisations.

To date all agencies have identified their drivers, and the principles are being amended to ensure that they both cover all agencies' requirements and are written in a language that the public can understand. The draft set of principles are set out below.

The Principles

“Right care, right place, right time, right skills”

The overarching principle of the programme; this principle will underpin the review of health and social care provision across partner organisations to meet the new challenges of the 21st century as described in the preface. The aim will be to ensure that pathways deliver the right care, in the right place, at the right time, by the right level of skilled staff, but at the same time ensure value for money.

Underpinning this core principle are a number of enabling strategies which will support the delivery of this programme. They are described below, and reflect what the programme team consider to be the most important underlying behaviours and values of influence in the process.

Integrated working

This is to ensure that there is a focus on the team around the person. **Person centred care** should not be hampered by agency barriers, and treatment and support should be delivered considering the whole person. In order to achieve this, work will need to be undertaken to ensure we have a **flexible workforce** which can respond to the changing requirements of individuals and groups, and that can work across a matrix of providers. In addition, to enable safe and effective care and treatment **information sharing** across the agencies will need to improve, whilst also taking into account data protection.

Best use of resources

The strategy will ensure that there is a focus on ensuring that we **reduce waste** and **avoid duplication**, either by improving our systems and processes, or by adopting **innovative solutions**, such as improvements in technology, or effective treatments, to ensure we are getting the best value for money we can. Through targeting the best use of resources we are able to ensure **the delivery of an equitable service** which will support the achievement of the same outcomes for everyone regardless of their circumstances, where they live and when they access services. This means people may not always receive exactly the same response but the outcome will be equitable.

Service User Experience

This strategy will aim to ensure that we maintain or improve the experience of people using health and social care services. Opportunities such as the delivery of **care closer to home**; ensuring support is available to allow people to remain in their own homes for as long as possible, or a more effective ability to support people **managing their own health**, through a focus on lifestyle disease and promoting the prevention of their development, will support the delivery of this strategy. Moreover, a more developed understanding of the **No decision about**

me without me agenda will ensure people are part of the planning and influencing of service developments, and become a real partner in relation to their individual care.

Timescales and Progress so far

- Project sponsors have been identified from all agencies to ensure senior commitment.
- Project leads have been identified from all agencies to allow decision making can be signed off as the project progresses.
- Communication staff from all agencies have met to work on the drivers and principles and to translate them into public facing messages
- Engagement staff have met to discuss how the public will be involved, in terms of the distribution of information explaining the project, and the format of six public meetings that will be held to allow people to ask questions about the implications of agreeing to the principles

It was envisaged that the consultation activity would be undertaken throughout April but the revelation that Purdah would affect both local authorities means that a request has now gone to the project sponsors that this be put back 4 weeks.

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