

Integrated Care and Support

SUMMARY

- 1.1 In May 2013 the National Collaboration for Integrated Care and Support published “Integrated Care and Support: Our Shared Commitment”. The collaboration brings together organisations such as: Department of Health, Association of Directors of Children’s Services, Care Quality Commission, Local Government Association, NHS and NICE.
- 1.2 The paper celebrates people living longer, healthier lives than ever before. Whilst highlighting the need to keep fresh in our minds that every single person is treated with compassion and with the respect they deserve. Particularly after the events at Stafford Hospital and more recently events at Furness General Hospital and the CQC.
- 1.3 The group recommends commissioning a system of integrated care for every person in England. Which means care and support built around the needs of the individual, their carers and family and that gets the most out of every penny we spend.
- 1.4 It gives a number of key messages including:
 - The need for urgency and shared commitment.
 - That recent reforms in Local Government and Health enable integrated approaches to take place.
 - It seeks innovation and the development of shared cultures.
 - It outlines a set of principles and assumptions which need to underpin integrated commissioning and delivery.
 - It outlines a definition of integration based around the perspective of the individual patient or user.

It sees success as greater levels of integrated delivery and care to ensure improved quality and outcomes.

RECOMMENDATIONS

- 2.1 The Health and Well-being Board and the Children, Family and Learners Board are asked to endorse this commitment and adopt it for Derby.
- 2.2 The Health and Well-being Board and the Children, Family and Learners Board are asked to endorse the definition of integrated care outlined in section 4.7.
- 2.3 The Health and Well-being Board and the Children, Family and Learners Board are

asked to endorse the principles, assumptions and expectation outlined in this report as the Derby statement of commitment.

- 2.4 The Health and Well-being Board and the Children, Family and Learners Board are to consider the option of Derby becoming a pioneer.

REASONS FOR RECOMMENDATIONS

- 3.1 This builds upon the principles agreed at the last Health and well-being report which contained many of the principles, assumptions and expectations within this commitment.
- 3.2 This commitment demonstrates the need for all partners to sign-up to this ambitious set of principles and assumptions as they are needed in order to make a whole-systems approach effective at improving outcomes and improving the quality of care.

SUPPORTING INFORMATION FROM THE SHARED COMMITMENT

4.1 Key Messages

- Urgency and sustained action to make integrated care happen. Many areas have begun this work but there is a keep for a faster pace if we are to improve quality, outcomes and manage demand down.
- Recent reforms to the health and care system have enabled local communities to increase focus on commissioning and ensure the kind of care and support that best meets their needs.

4.2 Principles and Assumptions

- Personalisation and person-centred care is key to any new commissioning or delivery models.
- Work together offer better more co-ordinated response to local needs.
- no option but to work together, think creatively, and identify new ways of doing more for patients and people who use services
- the new delivery model needs to be better co-ordinated and intervene earlier
- Help reduce demand e.g. hospital admissions
- Every time someone has an unplanned trip to hospital, it can reduce his or her capacity to cope independently.
- This new approach needs to build upon a shared vision across the system.
- Work is already underway targeting particular services, such as the local authority Pathfinders testing out approaches for education, health and care planning for children and young people with special educational needs, and the Long Term Conditions Year of Care programme.
- We need to go further and ensure a whole-system and more integrated approach is taken and joins up at a local level.

4.3 Expectations of commissioning and new delivery models

- Engage with local people, patients and people who use services to hear their experiences and work with them to find co-produced solutions
- Adopt, and measure progress against, the definition of integrated care and

- support co-developed for us by National Voices, aligned with Making it Real;
- Coordinate care and support so that people and their carers are at the centre and directly involved in planning for the whole person, not just for a disease or dependency score
- Share individuals' data where this improves the quality and safety of care and support through shared decision making
- Identify opportunities for your frontline staff to build relationships with colleagues who provide parallel forms of care and support to theirs
- Avoid retreating into old, familiar silos as the financial climate toughens
- Be ambitious in planning person centred care and support, and jointly allocating resources

4.4 **A shared definition of integrated care has been developed, it states;**
 "I can plan my care with people who work together to understand me and my carer(s), allowing me control, and bringing together services to achieve the outcomes important to me." We are asked to adopt this as a description of what 'good' looks like.

4.5 **Innovation**

- There is an expectation to develop new innovative approach across partners and the whole-system. There will be national support for such developments. There are current flexibilities which will assist in an integrated approach and build upon previous partnership arrangements.
- There is the introduction of a pioneer programme for the most innovative approaches nationally.

4.6 **Organisational Culture**

There is a commitment to work to develop the culture, leadership and workforce capable of undertaking the changes required to commission and deliver integrated care and support in your locality.

4.7 **Pioneer Programme**

For the most ambitious and visionary localities, there is a commitment to providing additional bespoke support and constructive challenge. This will be from a range of national and international experts to help pioneers realise their aspirations on integrated care and support and accelerate learning across the system. We aim to stimulate and support successive cohorts of pioneers and, in return, expect them to help rapidly share their accelerated learning across the system for the benefit of all localities.

4.8 **Selection criteria for pioneers**

There is no intention to be prescriptive about the specific models that local areas will adopt; this will be for localities to determine based on their own judgements and circumstances.

However, each pioneer area will be expected to:

- articulate a clear vision of its own innovative approaches to integrated care and support
- present fully developed plans for whole system integration
- make a clear commitment to contribute energetically in sharing any lessons on integrated care and support across the system.

- demonstrate that their vision and approach is, and will continue to be, based on robust analysis.

As yet there is no date or details on application to become a pioneer.

4.9 **Success will be measured in the following ways:**

- in two years, all localities in England have adopted models of commissioning and delivering integrated care and support and if,
- five years from now, integrated care and support has become the norm with improving outcomes and more positive experiences of care and support reported by patients and people who use services.

This new approach is not an end in itself. The aim must be a relentless focus on the positive impact on the outcomes and experiences of individuals, their carers, their families and their communities.

5.0 **Next Steps**

- The Integrated Commissioning Group is tasked to include this commitment in future commissioning and service delivery models.
- The Health and Well-being Board and Children, Family and Learners Boards adopt the success measures contain in section 4.7 as their measures of success.

OTHER OPTIONS CONSIDERED

- 5.1 None – this paper provides an update to the Board on progress against agreed priorities

This report has been approved by the following officers:

Legal officer	N/A
Financial officer	N/A
Human Resources officer	N/A
Estates/Property officer	N/A
Service Director(s)	Derek Ward, Director of Public Health
Other(s)	N/A

For more information contact:	Cath Roff 01332 643550cath.roff@derby.gov.uk
Background papers:	None
List of appendices:	Appendix 1 – Implications Appendix 2 – Priority summaries

IMPLICATIONS

Financial and Value for Money

1.1 None directly arising.

Legal

2.1 None directly arising.

Personnel

3.1 None directly arising.

Equalities Impact

4.1 None directly arising.

Health and Safety

5.1 None directly arising.

Environmental Sustainability

6.1 None directly arising.

Property and Asset Management

7.1 None directly arising.

Risk Management

8.1 None directly arising.

Corporate objectives and priorities for change

9.1 None directly arising.