Report to:	ADULT SOCIAL CARE AND HEALTH SCRUTINY COMMITTEE
Relevant Officers:	David Bonson, Chief Operating Officer, Blackpool Clinical Commissioning Group
Date of Meeting:	27 September 2017

HEALTH AND SOCIAL CARE INTEGRATION

1.0 Purpose of the report:

1.1 To present progress on health and social care integration for new models of care.

2.0 Recommendation(s):

2.1 To comment on progress made in relation to health and social care integration.

3.0 Reasons for recommendation(s):

3.1 To ensure that effective progress is being pursued.

3.2a	Is the recommendation contrary to a plan or strategy adopted or approved by the Council?	No
3.2b	Is the recommendation in accordance with the Council's approved budget?	N/A

3.3 Other alternative options to be considered:

Not applicable.

4.0 Council Priority:

4.1 The relevant Council Priority is "Communities: Creating stronger communities and increasing resilience".

5.0 Background Information

5.1 This paper aims to provide a briefing to members of the Committee on the work to better integrate health and social care organisations in Blackpool and as part of the Lancashire and South Cumbria Sustainability Partnership.

5.2 Blackpool and the Fylde Coast are one of eight first wave Accountable Care Systems (ACS) recently announced by NHS England but this will be extended to the rest of Lancashire and South Cumbria when each local system is ready to meet the requirements set for an Accountable Care System.

5.3 The concept behind the development of Accountable Care Systems was launched in the Five Year Forward View, published by NHS England in October 2014. The document states:-

"*The traditional divide between primary care, community services and hospitals – largely unaltered since the birth of the NHS – is increasingly a barrier to the personalised and coordinated health services patients need. And just as GPs and hospitals tend to be rigidly demarcated, so too are social care and mental health services even though people increasingly need all three.*

Over the next five years and beyond, the NHS will increasingly need to dissolve these traditional boundaries. Long term conditions are now a central task of the NHS; caring for these needs requires a partnership with patients over the long term rather than providing single, unconnected 'episodes' of care. As a result, there is now quite wide consensus on the direction we will be taking.

Increasingly we need to manage systems – networks of care – not just organisations.

Out-of-hospital care needs to become a much larger part of what the NHS does. Services need to be integrated around the patient. For example, a patient with cancer needs their mental health and social care coordinated around them. Patients with mental illness need their physical health addressed at the same time.

We should learn much faster from the best examples, not just from within the UK but internationally.

And as we introduce them, we need to evaluate new care models to establish which produce the best experience for patients and the best value for money."

5.4 There are a number of barriers in the current operating environment that inhibit our ability to address these challenges effectively and/or sustainably. These are primarily related to the contracting and payment mechanisms that are currently in place, and the different regulatory regimes under which each organisation operates. Other barriers include the current lack of effective forums to take a system approach to addressing deficiencies in patient care; the lack of a coherent approach to the implementation and use of technology; insufficient focus on the development of an overarching Fylde Coast-wide workforce strategy; and the need for increased patient engagement and empowerment.

5.5 The Accountable Care System will be a catalyst to re-balance primary, community, social and acute care through a system-wide transformation of our service profile to achieve expanded, improved and equitably delivered out-of-hospital services and other forms of support across all of our ten neighbourhoods. At the same time, we will ensure that we are using our valuable resources in the acute sector in the most appropriate way to look after our sickest patients.

5.6 To meet our challenges and overcome the barriers to change in the current system, the Fylde Coast is proposing to design and implement various new models of care (some of which are already underway through the Fylde Coast Vanguard Programme) and to operating as an Accountable Care System. The Accountable Care System is a collective enterprise that will unite its members and bind them to the goals of the health and social care system as a whole. In doing so, we will hold ourselves collectively to account for delivering the necessary transformation of services and in getting the most out of each pound spent within the Fylde Coast ("the Fylde Coast £").

5.7 Partner organisations will retain their own statutory status and organisational identity, but share responsibility, risks and resources. Commissioners would hold long term contracts with providers within the Accountable Care System, as a means of achieving greater system-wide clinical and financial stability. The Accountable Care System would establish a capitated budget to deliver local services, with clear outcomes to be achieved and appropriate incentives linked to these. Commissioning would hold long term contracts with providers within the Accountable Care System, as a means of achieving greater system-wide clinical and financial stability. The Accountable Care System would establish a capitated budget to deliver local services, with clear outcomes to be achieved and appropriate incentives linked to these. Commissioning would become more strategic, focussed on delivery and assurance. We believe that it is important for commissioners to play a key part within the Accountable Care System and not to stand to one side (as would be the case with a 'lead provider' model). Commissioners will bring vital support including needs assessment, identification of priorities, service redesign skills, setting and monitoring outcomes and engaging with public and professional stakeholders.

5.8 Further information will be presented at the meeting to demonstrate the practical application and impact of local integration of health and social care services.

Does the information submitted include any exempt information? No

List of Appendices:
Appendix 6 (a) - New Models of Care

6.0 Legal considerations:

6.1 Not applicable

7.0 Human Resources considerations:

7.1 Not applicable

8.0 Equalities considerations:

8. Not applicable

9.0 Financial considerations:

9.1 Not applicable

10.0 Risk management considerations:

10.1 Not applicable

11.0 Ethical considerations:

11.1 Not applicable

12.0 Internal/ External Consultation undertaken:

12.1 Not applicable

13.0 Background papers:

13.1 The full Sustainability and Transformation Plan, is available via the Healthier Lancashire and South Cumbria engagement hub website:

www.lancashiresouthcumbria.org.uk