Delivering a New Model of Health and Social Care across Cambridgeshire and Peterborough
Paper for the Combined Authority- DRAFT

Purpose

This paper sets out the current work underway to deliver a new model of health and social care across Cambridgeshire and Peterborough. It describes the current work that is underway across the broader public sector and the model we are working towards.

Think Communities has been endorsed as an approach underpinning public service reform by the Cambridgeshire and Peterborough Public Service Board. Our intention is to work together where it makes sense and there is agreement to do so. Think Communities is taking a **People, Places and Systems** approach to building relationships and supporting communities to be strong, connected and responsive.

The Think Communities principles provide a framework which will support and/ or drive a number of different strands of activity across the public sector, both nationally mandated and local. The approach will:

- Help communities to support themselves, encouraging community-led solutions and interventions. *(People)*
- Work with communities to harness and develop their skills, experience, knowledge and passion targeted towards those in the community requiring the most help. *(Places)*
- Support active, healthy communities to play a clear and evidenced role in improving people's lives, thereby preventing, reducing or delaying the need for more intrusive and costly public services. *(Places)*
- Arrange resources to create multi-agency support which can flexibly meet the changing needs of our communities. *(Systems)*
- Be willing to be experimental in our approach, in order to deliver individual local solutions and support ideas that can be replicated. *(Systems)*

The transformation programmes taking place across the health and social care system embody these principles, and are already demonstrating the impact a Think Communities approach can have.

To support the delivery of this work, Cambridgeshire and Peterborough Public Services Board have agreed to look at how the governance arrangements which will drive the Think Communities approach can be strengthened and/ or aligned to existing arrangements. This will include the creation of an 'Executive' board comprised of senior officers from partner organisations. This will be underpinned by a number of District/City Place Based Delivery Boards, according to the needs and circumstances of each District/City. This will mean that the way the governance for Think Communities is taken forward at a District/City level is likely to vary and may work to different timescales, but the driving principles take all the partners forward in the same strategic direction.

In addition to creating the right governance arrangements, key strands of work include building a multi-agency data set at Lower Super Output Area, which will give a 360 degree overview of the demographics and local need within small communities. We are developing a workforce transformation programme which will ensure that staff are ready and able to deliver a new way of working.

Integration of Health and Social Care

The integration of health and social care is being driven within the Think Communities Approach to promote public health and tackle the key determinants of health and health and social outcomes. Therefore the Health and Well Being Board and the Health and Well Being Strategy that is currently being developed provide the backdrop. Our current Neighbourhood Cares pilots in St Ives and Soham have confirmed that transport, housing, community cohesion, income and employment as well as access to health care and support are key factors influencing social care support.

Cambridgeshire and Peterborough STP provides the strategic overview for the integration of health and social care and is working towards the transition into an Integrated Commissioning System (ICS). A Discharge Programme Board has overseen recent reductions in the number of DTOCs and there has been a joint approach to developing the community based offer across health and social care enabling patients to be discharged home with the right support. The Council has increased investment in its Reablement Services and the CCG has increased intermediate care and these 2 services work together in an integrated way with clear criteria and a clear 'Home First' pathway.

A North and South Alliance have been established to work together at a neighbourhood level, around our acute hospital footprints with providers of services for health and social care working together on a partnership basis to provide a wider range of services across a geographical area. The goal is to deliver more proactive, person-centred and holistic care to local people pooling resources and budgets where we think it will add value.

Each Alliance has an **Integrated Neighbourhood** work stream which is overseen by partners from the NHS, Local Authorities, Healthwatch and the voluntary and community sector. Work is currently underway with a number of Primary Care Networks (PCNs) that have been identified- varying in size from 40,000- 90,000 population. Integrated Neighbourhood Mangers have been appointed and the work is starting on the ground building multi- disciplinary teams around the PCN geography. This will be supported by the Think Communities work through detailed profiles of need and by bringing together a wider range of public and voluntary sector partners to tackle the wider determinants of health.

An Integrated Commissioning Board has been established to oversee the Better Care Fund and joint and integrated commissioning, chaired by Healthwatch and attended by Senior Executive Commissioners and Providers from the Local Authority and NHS.

Neighbourhood Cares pilots in Soham and St Ives have been running for over 2 years and the external evaluation is expected to show that these pilots represent best practice in adult social care and place based working and bring benefits to a wider range of public and voluntary sector partners. We will continue to build on the work so far in Soham and St Ives with a wider range of partners once the pilots have been completed. The Neighbourhood Cares pilots have shown that in line with Buurtzorg principles if health and social care professionals are given maximum autonomy in a defined place they develop trust and relationships that generate creative and pragmatic solutions that improve outcomes and manage demand and cost.

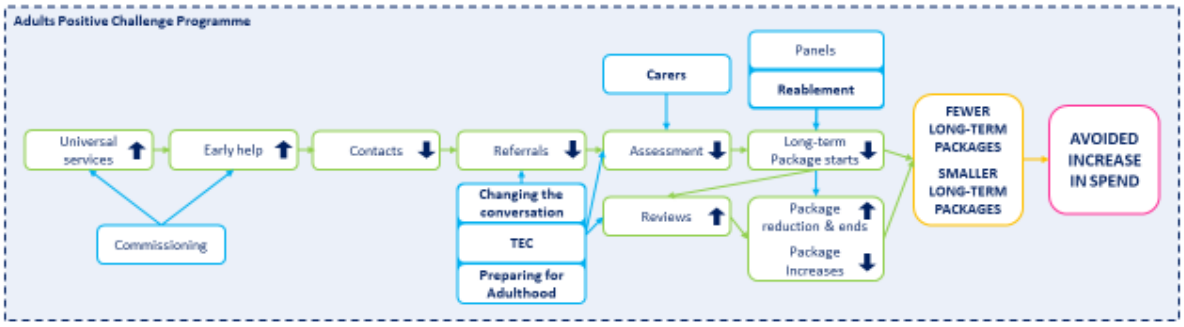
Adults Positive Challenge Programme is an adult social care transformation programme focussed on demand management and a theme running throughout has been the need to 'Change the Conversation' which is in line with the Think Communities approach and the integrated neighbourhoods work. The need to co-produce and involve the local community in a different approach to delivering public services has never been greater.

The diagram below shows the way in which the key elements of the Adults Positive Challenge Programme are delivering a financially sustainable model for Adult Social Care in Cambridgeshire and Peterborough. The key components have included

- Driving up the use of Tech Enabled Care (TEC)
- Changing the Conversation – taking a strengths based approach
- Preparation for Adulthood (PFA) with children with disabilities
- Carers- supporting Carers and reducing carer breakdown
- Reablement- providing short term support focussed on promoting independence to prevent the need for long term care

Demand changes which are delivering the APCP cost avoidance

Demonstrating the impact of the APCP workstreams on the key influenciable levers to manage demand and deliver cost avoidance savings .



Cost avoidance and Savings delivered April – July 2019:

	Changing the Conversation	TEC	Carers	Reablement	Preparing for Adulthood
PCC	£43,500	£282,264	£4,450	£481,820	Savings expected in Q4 2019/20
CCC	No savings attributed	£2,269,000*	£193,000	£593,000	

*Savings achieved from all TEC activity including the 2018/19 baseline

Current models of integration learning so far

There is a track record of integration of health and social care across Cambridgeshire and Peterborough. Currently there is a pooled budget for Learning Disability between the CCG and CCC and fully integrated and well regarded Learning Disability Partnership consisting of joint health and social care staff who are co-located and jointly plan and manage the care and support for people with learning disabilities. CCC has a Section 75 agreement with Cambridgeshire and Peterborough Foundation Trust (CPFT) for Occupational Therapy (OT) which means that there is one single OT services covering health and social care functions. CCC and PCC have just renewed a Section 75 agreement for mental health with Mental Health Social Workers being seconded to CPFT and working as part of multi-disciplinary teams. In addition there is a jointly funded and commissioned service for community equipment to enable people to continue to live independently at home and CCC and the CCG have a jointly funded Assistive Technology or Tech Enabled Care Service.

Learning from previous integrated arrangements for older people services which have now been brought back into direct management by the Council is that structural integration does not in itself achieve improved outcomes and can reduce financial control. The current view is that there is no

one size fits all approach to integration, form has to follow function and the organisational upheaval involved in TUPE transfers can be costly and bring us no closer to the intended goal which is that the person or patient we are supporting experiences seamless care and support when they need it. Changing the way in which front line professionals work together with voluntary and community sector partners and the local community cannot easily be achieved through an organisational solution. There is also the experience of the Uniting Care Partnership which brought together community and acute sector providers into one organisational model but had to be disbanded in December 2016 after 8 months due to financial difficulties.

The model we are working towards

The key question to be addressed is what will be different from the perspective of the person or patient, as a result of the combined efforts of all the above. We are working towards a place based model that is applied to all public and voluntary sector services. Building on all of the above, and underpinned by the Think Communities principles, there will be:

- a clear sense of the total resource available to a place- people, money and community resources
- a local profile of need that is unique to that place and shows the key drivers of demand and need as well as the resource available
- resources distributed according to need profiles with agreement about where need is greatest and integration will bring greatest benefit
- a local Place Based Board where decisions are made about the most effective way to combine and redirect resources available to meet local need
- an integrated multi-disciplinary team around the place that includes a wide range of public sector partners including Public Health, Housing, District Council etc.-
- a multi-disciplinary health and social care team and VCS team wrapped around a primary care network, practice or patient as needed to enable health and social care to work together collaboratively to anticipate escalating need or increased frailty and put in place steps to prevent crises and respond quickly to changing circumstances
- an ability to reach into hospitals and care homes to help people return home and live as independently as possible
- local and jointly commissioned solutions to care needs such as micro enterprises and small local responsive services that can provide a consistent response to care needs

Barriers to integration/ key issues to be addressed and how can further devolution help/ areas for further investigation

The following are key areas that currently constrain progress and securing the full benefit and impact of these strategic developments. There needs to be more progress on sharing information across all sectors and technical solution that enable all those working in a place or with a person to share information and develop one shared plan.

Resource constraints are also a key factor in a health and social care system that is under considerable strain and can lead to short term thinking or decisions that cause costs to be transferred to a partner organisation.

Ensuring that the integration agenda is not limited to health and social care but includes all public, voluntary and independent sectors.

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