

HEALTH AND WELLBEING BOARD



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| TO: | Blackburn With Darwen Health & Wellbeing Board |
| FROM: | Debbie Nixon & Steve Tingle |
| DATE: | 23 rd June 2014 |

SUBJECT: Commissioning priorities**1. PURPOSE**

- To provide an update to Health and Wellbeing Board members on commissioning priorities across the Clinical Commissioning Group, Local Authority and Integrated Commissioning Network
- To feedback on the Health and Wellbeing Board Better Care Fund submission and update on progress to date

2. RECOMMENDATIONS

Health and Wellbeing Board members are requested to:

- Consider and comment on the CCG, Local Authority and integrated commissioning network priorities outlined within the report
- Note the Better Care Fund feedback, progress made to date and next steps
- Consider how Health and Wellbeing Board members can further support and drive integration across Health and Social Care

3. BACKGROUND

There are a number of national and local drivers that inform the development of commissioning priorities across health and social care, which are set out below.

The **Integrated Strategic Needs Assessment** informs the local **Joint Health and Wellbeing Strategy** to which, commissioning priorities should be aligned. The local Joint Health and Wellbeing Strategy Priorities are set across the life course as follows;

- Best start for children and young people
- Health and work
- Safe and healthy homes and neighbourhoods
- Promoting good health and supporting people when they are unwell
- Promoting older peoples independence and social inclusion

Everyone Counts Planning for Patients outlines the need for Clinical Commissioning Groups to develop five-year strategic, operational, and financial plans. The plans must be aligned across health economies and NHS England will look to ensure that plans are consistent across primary, secondary and specialist care providers. The operational plan must demonstrate that the strategic plan is the driving force behind transformational change and the operational plan must contain outcomes and relevant metrics, which show the journey towards achievement of the overarching strategy.

The guidance reflects the need for CCG's to align planning and priorities to the NHS outcomes framework which include:

Outcome ambition 1: Securing additional years of life for people with treatable mental and physical health conditions

Outcome ambition 2: Improve quality of life for people with one or more long term conditions including mental illness

Outcome ambition 3: Reducing the amount of time spent avoidably in hospital through better and more integrated care

Outcome Ambition 4: Increasing the proportion of older people living independently at home following discharge from hospital

Outcome ambition 5: The number of people having a positive experience of care inside and outside of hospital

Outcome ambition 6: Increasing the number of people with mental and physical conditions having a positive experience of care outside of hospital, in general practice and in the community

Outcome ambition 7: Making significant progress towards eliminating avoidable deaths in our hospitals caused by problems in care

The Care Act 2014 has gone through the parliamentary process and came onto statute books on 14 May 2014,. The Act heralds a major overhaul of adult social care law and policy, including the introduction of 'care costs' cap. Other key elements included in the Act include:

- A greater role for Councils in prevention, information and shaping of the local social care market
- A cap on care costs
- A national minimum threshold for eligibility from 2015
- 'Continuity of care' for people moving between areas
- A statutory role for adult safeguarding boards
- Strengthening of the rights of carers

The **Better Care Fund** submitted on the 4th April 2014 outlines the Health and Wellbeing Board plan for the health and care services to transform, so that people are provided with better-integrated care and support through pooled budget arrangements.

Official feedback received from this, was that as part of the next phase of planning for Better Care Fund and Integrated Locality Team development, the CCG and BwD BC will review and update the associated business cases and finance requirements for the delivery of Integrated Locality Teams.

In addition, a business case and plan for 7 day working across community/social care aligning to primary care is under development. The revised business cases are to be discussed and agreed through the established Joint Commissioning process.

Public Health in Local Government. From April 2013, responsibility for improving public health returned to local government, because of its:

- Population focus
- Ability to shape services to meet local needs
- Ability to influence the wider social determinants of health
- Ability to tackle health inequalities

The transfer of Public Health into Local Government included responsibility for commissioning a range of functions that were previously commissioned by the NHS, which are outlined in Appendix 1 of this report. To do this successfully will require a willingness to use all the tools at local authorities' disposal in a new way and not just rely on commissioning traditional services. This will mean working with a wide range of partners across civil society, including through the shared leadership of health and wellbeing boards.

The Department of Health outlined their vision for the new Local Government leadership for Public Health in December 2011. This stated that "building on local government's long and proud history of Public Health leadership, our vision is for local authorities to use their new responsibilities and resources to put health and wellbeing at the heart of everything they do, thereby helping people to lead healthier lives, both mentally and physically".

This means:

- Including health in all policies
- Investing the new ring-fenced grant in high-quality public health services
- Encouraging health promoting environments
- Supporting local communities
- Making effective and sustainable use of all resources

Other key national policy drivers include:

Personalisation: Successive Care Ministers have strengthened the national drive to increase take-up of personal budgets in adult social care. The piloting of personal health budgets within the NHS has now complemented this.

Safeguarding: The safeguarding of vulnerable adults remains at the forefront of national policy, following the national scandal surrounding Winterbourne View and wider issues of quality of care evidenced in the Francis report. The government required all Councils during 2013/14 to carry out a thorough stocktake and report on their position in relation to the issues identified at Winterbourne view, and close monitoring of progress will continue during 2014/15.

Market management: Given the increasing role for all Councils in commissioning rather than direct provision, market management has become a key focus of national policy. A requirement was underpinned that, all Councils need to develop a formal 'Market Position Statement'.

4. RATIONALE

The Health and Social Care Act 2012 gives health and wellbeing boards specific statutory functions. These are:

- To prepare Joint Strategic Needs Assessments (JSNAs) and Joint Health and Wellbeing Strategies (JHWSs);
- To encourage integrated working between health and social care commissioners, including providing advice, assistance or other support to encourage arrangements under section 75 of the National Health Service Act 2006 in connection with the provision of health and social care services;
- To encourage close working between commissioners of health-related services and the board itself;
- To encourage close working between commissioners of health-related services (such as housing and other local government services) and commissioners of health and social care services;
- Other functions which could be delegated by the council under the Health and Social Care Act 2012, e.g. certain public health functions, functions relating to joint commissioning and the operation of pooled budgets between the NHS and the council.

5. KEY ISSUES

Clinical Commissioning Group commissioning priorities – 5 Year Plan

Blackburn with Darwen Clinical Commissioning Group priorities are set out in the **five year strategic plan**. The priorities have been developed in line with national guidance and through consultation and engagement with a range of local stakeholders.

The CCG's Plan on a Page is summarised below and in Appendix 2 of this paper;

7 Outcome ambitions:

- Securing additional years of life for people with treatable mental and physical health conditions
- Improve quality of life for people with one or more long term condition including mental health
- Reducing the amount of time spent avoidably in hospital through better and more integrated care
- Increasing the proportion of older people living independently at home following discharge from hospital
- The number of people having a positive experience of care inside and outside of hospital care
- Increasing the number of people with mental and physical health conditions having a positive experience of care outside hospital, in general practice and in the community
- Making significant progress towards eliminating avoidable deaths in our hospitals caused by problems in care

9 High Impact Changes:

- Delivering high quality primary care at scale and improving access
- Self-care & early intervention (links to BCF)
- Enhanced Integrated Primary Care Services (links to BCF)
- Access to Reablement and intermediate care (links to BCF)
- Improved hospital discharge and reduced length of stay (links to BCF)
- Community based ambulatory care for specific conditions (links to BCF)
- Access to high quality urgent care
- Scheduled care
- Quality

The CCG's final plan will be submitted to NHS England in accordance with national timescales on 20th June 2014.

Local Authority commissioning Priorities

Adult social care:

- Integrated commissioning and support arrangements to meet complex/long-term needs
- Extend the range of available services for people with dementia and their carers
- Work with NHS and other partners to improve end of life care and develop a joint strategy
- Increase the scope of the provider accreditation framework to include dementia and end of life provision
- Incorporate Winterbourne View guidance and recommendations re adults safeguarding into all new contract quality schedules
- Ensure local sustainability is maintained in domiciliary and residential care markets
- Publish and refresh the Market Position Statement, highlighting to existing and potential providers services needed to meet service gaps and future needs
- Ensure availability of appropriate housing options to enable older and disabled people to live in their own home: e.g. extra care sheltered housing

- Housing related support which acts as preventive support to reduce demand on statutory social care and health services

Children services and education

- Commissioning of preventative services including: parenting support for parents of children with complex needs; young carers; mentoring/independent visit and advocacy for CIOC; advice and mediation for fostering service
- Ensure early help model family support service framework is an enabler for families to stay out of high cost statutory services: including therapeutic support framework agreement; credit union; supported lodgings for care leavers; early help advocates
- Integrated support for children, young people and families including: young carers; IMS service; short breaks(AIM); occupational therapy; parting and choice service
- sexual health support for CYP; parenting and choice service; mentoring and befriending; VOICE for CIOC; domestic abuse services; advice and mediation service
- ENGAGE; Brook - YP sexual health support; early help therapeutic framework agreement

Public health commissioning priorities

- Refresh of Integrated Strategic Needs Assessment (JSNA) to inform commissioning decisions and priority setting
- Complete and publicise the following Integrated strategic needs assessments
- Young people's emotional health and wellbeing
- Learning Disability / 0-25 Complex Needs
- Falls Prevention
- Housing and Independence
- Tendering plan - evidence based re-modelling / redesign of public health commissioned services
- 3rd Sector engagement across the commissioning cycle
- Plan transition of 0-5 (School Nursing and Health Visiting) services
- Support the development and implementation of an integrated commissioning function for Public Health, Adults and Children's services
- Meet agreed reporting requirements for public health commissioned services e.g. Health Checks, NCMP
- Plan a refresh of the Blackburn with Darwen Joint Health and Wellbeing Strategy including engagement with a wide range of stakeholders
- Refresh the local Pharmaceutical Needs Assessment (PNA)
- Increase capacity across key partners and stakeholders to build community resilience through asset based ways of working
- Workplace wellbeing programmes for the Local Authority and other employers and businesses in the Borough
- Programmes to encourage health promoting environments using a setting based approach
- Behaviour change programme coordinated across public, private and voluntary sector
- Programmes to improve public mental health
- Accident prevention
- Loneliness and isolation
- Transformation and retendering of the commissioned system of support with regards to Drugs and Alcohol

Integrated commissioning priorities

Key decision makers from the Council and the Blackburn with Darwen Clinical Commissioning group (BwD CCG) now prioritise joint commissioning work through the Joint Executive Commissioning Group, supported by senior officers through the Joint Commissioning and Recommendations Group (JCRG). This provides continuity of joint decision-making across the

many areas where health and social care needs and services interact.

The integrated commissioning network will lead the development and delivery of the key priorities outlined within the Better Care Fund plan. They include:

- Community capacity building
- Self-care and early intervention
- Support for carers
- Integrated locality teams
- Integrated intermediate care and reablement
- Supporting people to live independently and effective discharge from hospital

Other joint commissioning priorities include:

- Learning disabilities and autism
- Winterbourne View
- Mental Health
- Dementia
- Children with complex needs
- Children and young people
- Vulnerable adults with a range of complex needs

During 2013 commissioning teams within adult social care joined commissioning staff from children's services and strategic housing to form an integrated strategic commissioning unit working across the whole People Programme Area of Adults, Children, and Public Health.

6. POLICY IMPLICATIONS

There are no direct policy implications in relation to this report.

7. FINANCIAL IMPLICATIONS

There are no specific financial implications associated with commissioning priorities outlined within this report. Commissioning budgets within each of the organisations are allocated to achieving these priorities as part of annual planning processes.

The Better Care Fund aims to join up funding across health and care to drive integration and will be fully established from April 2015.

8. LEGAL IMPLICATIONS

The Health and Social Care Act 2012 details the function of Health & Wellbeing Board (HWB). These are outlined in the report. In particular, the Act also places a duty on Health & Wellbeing Boards to:

- Prepare as assessment of relevant needs, through the Joint Strategic Needs Assessments (JSNA),
- Prepare a strategy for meeting those needs, through the Joint Health and Wellbeing Strategies (JHWS), and
- Provide an opinion as to whether the Commissioning Plan has taken proper account of the JHWS

The Care Act 2014 came onto the statute books on 14 May 2014 and sets out a framework of duties for local authorities in relation to the arrangement and funding of social care. It also

contains a number of changes to the regulation of social care providers. The full implementation timetable is not yet known but some provisions will come into force in October 2014. The care costs caps will come into effect in April 2016.

The provisions include:

- a requirement to arrange for the provision of preventative services;
- new duties for local authorities in relation to safeguarding of adults receiving social care;
- a statutory basis for the Better Care Fund, and
- new arrangements regarding discharge from hospital and aftercare under the Mental Health Act.

8. RESOURCE IMPLICATIONS

The key resource implication arising from this report will be in relation to officer time to support the delivery of the commissioning priorities outlined within this report.

9. EQUALITY AND HEALTH IMPLICATIONS

EIAs are/will be developed by CCG and Local Authority to underpin each of the commissioning strategies.

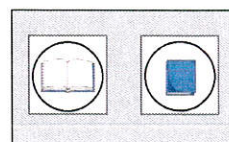
An Equality Impact Assessment has been undertaken to review and identify any impact Better Care Fund plans will have on equality and health.

11. CONSULTATIONS

The priorities and recommendations set out in each of the commissioning plans are based on local evidence of need and consultation with key stakeholders and citizens. Consultation and engagement is directed through each organisations and through the local ISNA process.

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| CONTACT OFFICER: | Steve Tingle |
| DATE: | |
| BACKGROUND PAPER: | |



To deliver effective, efficient, high quality, safe, integrated care. This will improve the health and wellbeing of the population of Blackburn with Darwen and help people live better for longer, reducing health inequalities and improving outcomes in the borough.

Outcome Ambitions

Securing additional years of life for people with treatable mental and physical health conditions

Improve QoL for people with one or more long term condition including mental health

Reducing the amount of time spent avoidably in hospital through better and more integrated care

Increasing the proportion of older people living independently at home following discharge from hospital

The number of people having a positive experience of care inside and outside of hospital care

Increasing the number of people with mental and physical health conditions having a positive experience of care outside hospital, in general practice and in the community

Making significant progress towards eliminating avoidable deaths in our hospitals caused by problems in care

High Impact Initiatives

1. Delivering High Quality primary care at scale and improving access: developing an integrated health and social care model

2. Self Care & Early Intervention: support individuals in their own care (BCF)

3. Enhanced Integrated Care: case management & care navigation delivered through enhanced primary care (BCF)

4. Access to reablement and intermediate care: re-balance community transitional support services (BCF)

5. Improved Hospital Discharge and Reduced Length of Stay: single discharge team and integrated care planning (BCF)

6. Community based ambulatory care for specific conditions: a whole system, local approach to community ambulatory care (BCF)

7. Access to high quality urgent care: ensure a coordinated response for adults and children who present with an acute or urgent health issue

8. Scheduled Care: a whole system approach to building and redesigning services around the changing needs of the patient

9. Quality: embedded throughout our plan to achieve continuous improvement in clinical effectiveness, patient experience and patient safety

Enablers

System values and principles

- Population of BwD to Live Better & Live Longer
- Build and maintain successful partnerships
- Effectively engage patients and the public to take control of their own health
- Co-commission and deliver continuous improvement in primary care services and tackle inequalities
- Commission independently or in partnership safe, clinically effective services to provide high quality experience through implementation and delivery of Better Care Fund (BCF)

Measured using the following success criteria:

- A financially balanced health economy
- Delivery of the NHS Constitution Measures
- Delivery of Quality Premium Measures
- Delivery of 7 National Outcome Measures
- Improved access to Primary Care (7 day)

Overseen through the following governance arrangements:

- BwD Health & Wellbeing Board
- Integrated Joint Commissioning Executive
- Pennine Lancs Clinical Transformation Board
- CCG Governing Body