



Integration & Transformation: Direction of travel and the role for VCS Infrastructure?

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Summary of the Health and Social Care Act 2012

Making the NHS more responsive, efficient and accountable :

Key areas

- establishes an independent NHS Commissioning Board to allocate resources and provide commissioning guidance
- increases GPs' powers to commission services on behalf of their local populations
- Increased patient choice
- Establishment of HealthWatch as a voice for patients and communities
- New focus for Public Health
- Strengthened role of the Care Quality Commission & Monitor
- Streamlined tiers of management to reduce costs and increase productivity



Purpose of the session:

- To summarise the **big challenges** facing the health & social care economy
- To better **understand the integration and transformation agenda** for health, social care & public health
- To debate the role of the VCS and how LIOs can support organisations and sectors to **work together** to support whole system change and protect (enhance) outcomes for service users



Sam's Story.....

<http://www.youtube.com/watch?v=3Fd-S66Nqio>



The national picture



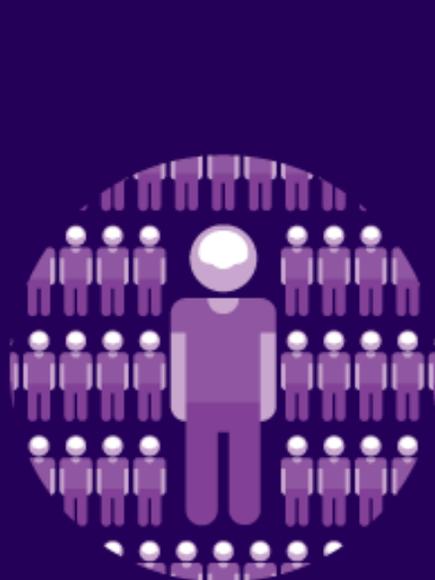
Four burning platforms

- Changing needs & demography
- Organisational change
- Austerity
- Quality & safety

- and why integrated care is a key response to these challenges

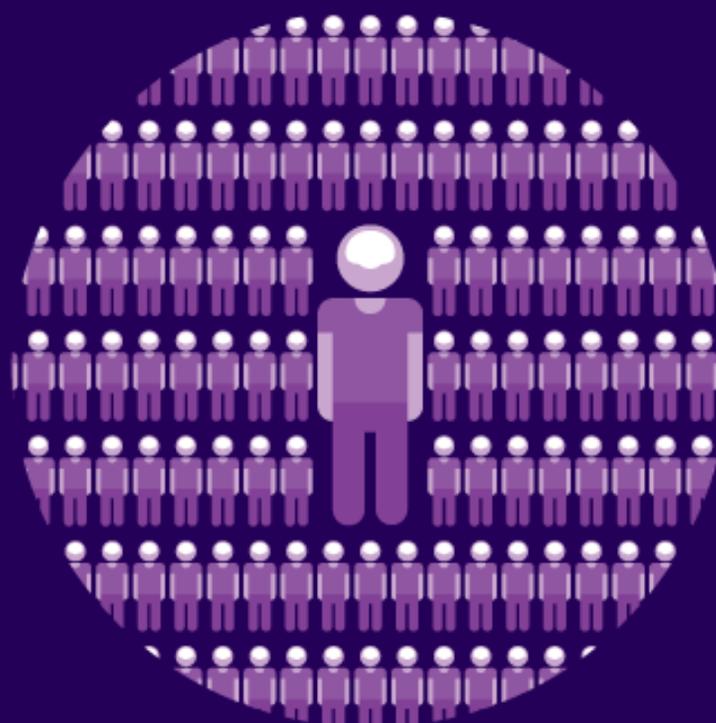
Over the next 20 years the number of people in England aged 65-84 will grow by over a third and those over 85 will more than double.

It is estimated that there are more than 570,000 people with dementia in England, and over the next 30 years that is expected to more than double to 1.4 million.



2012

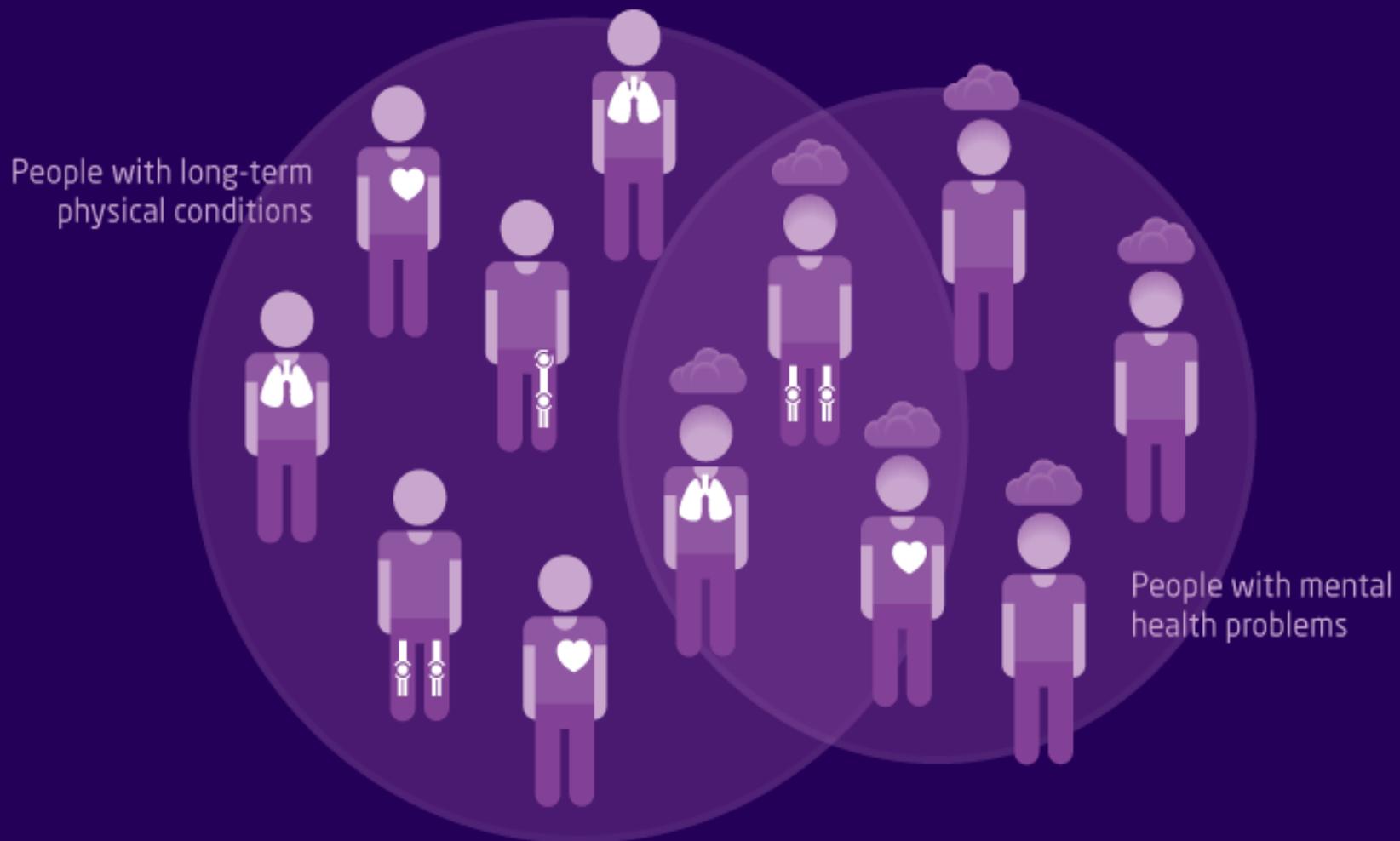
570,000 people with dementia

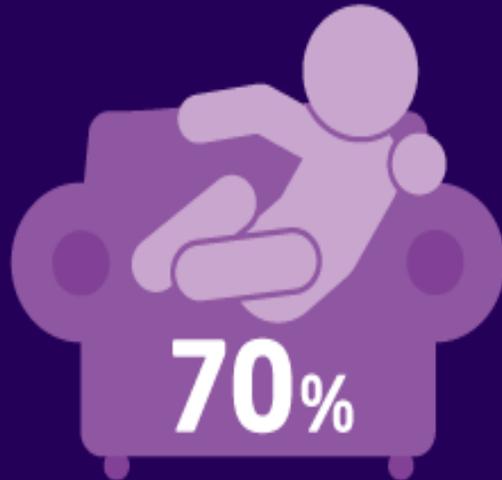


2042

1.4 million people with dementia

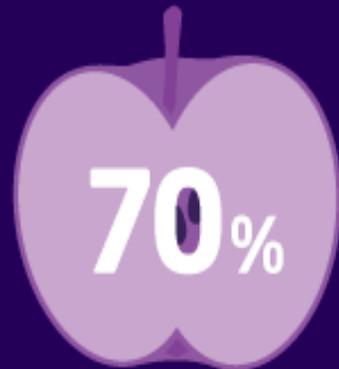
Around 30% of all people with a long-term physical condition in England also have a mental health problem, most commonly depression/anxiety. Mental health problems exacerbate physical illness.





70%

of the adult
population are
inactive



70%

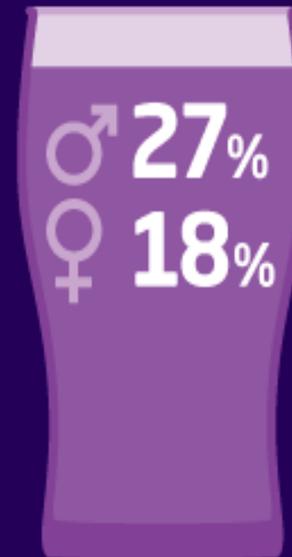
do not eat the
recommended amounts
of fruit & vegetables

21%
smoke



26%

are obese



♂ **27%**

♀ **18%**

drink more than
recommended safe
limits of alcohol

About 15 million people in England have a long-term condition. By 2025, the number of people with at least one long-term condition will rise to 18 million.

People with long-term conditions now account for about 50% of all GP appointments, 64% of all outpatient appointments and over 70% of all inpatient bed days.

The NHS spends £1.42 billion each year on emergency admissions to hospital for people with long-term conditions. This figure could be reduced by 8-18% by investing in better primary and community-based services.

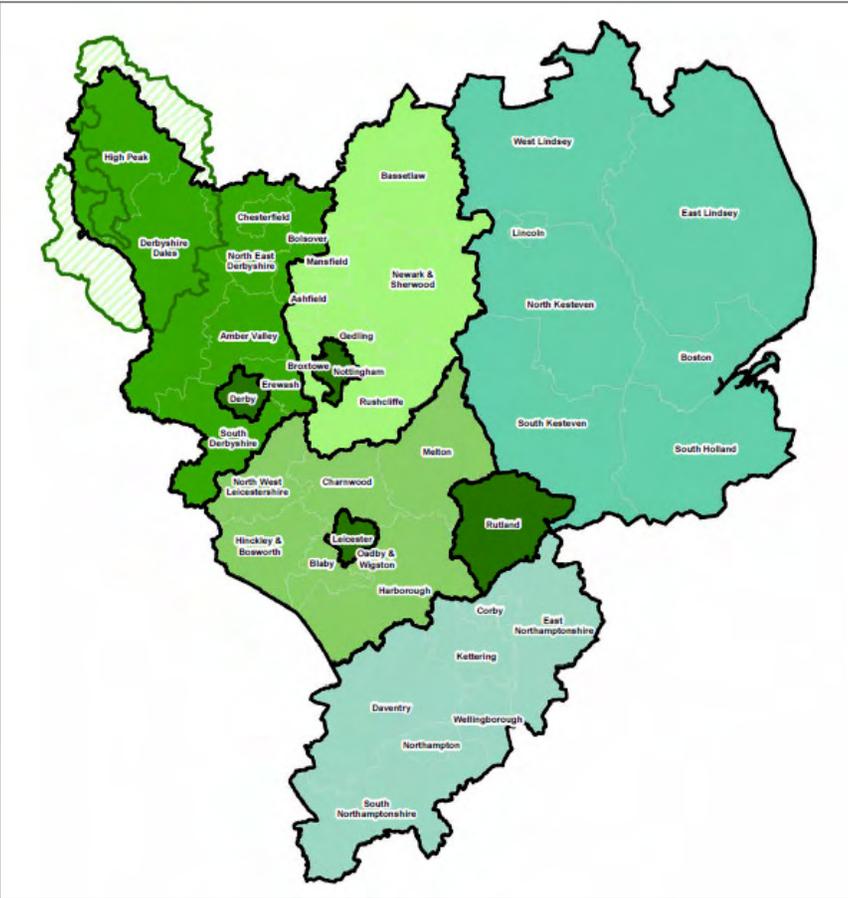
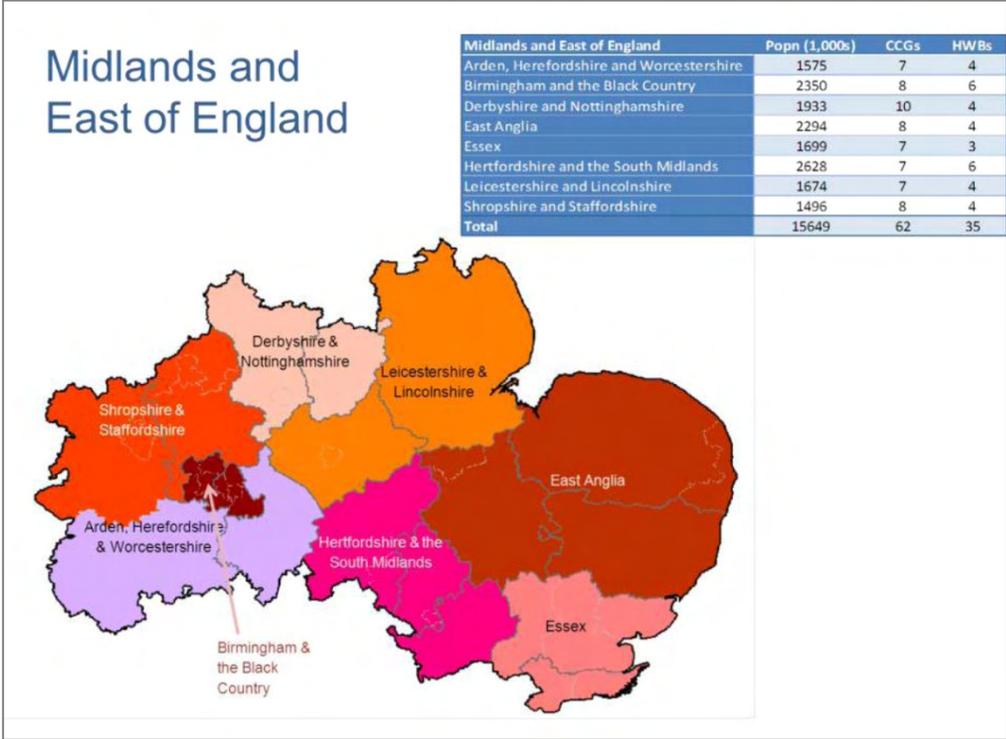


In the future, the increasing numbers of frail older people and more patients with long-term conditions will mean we need to rethink where and how care is delivered.

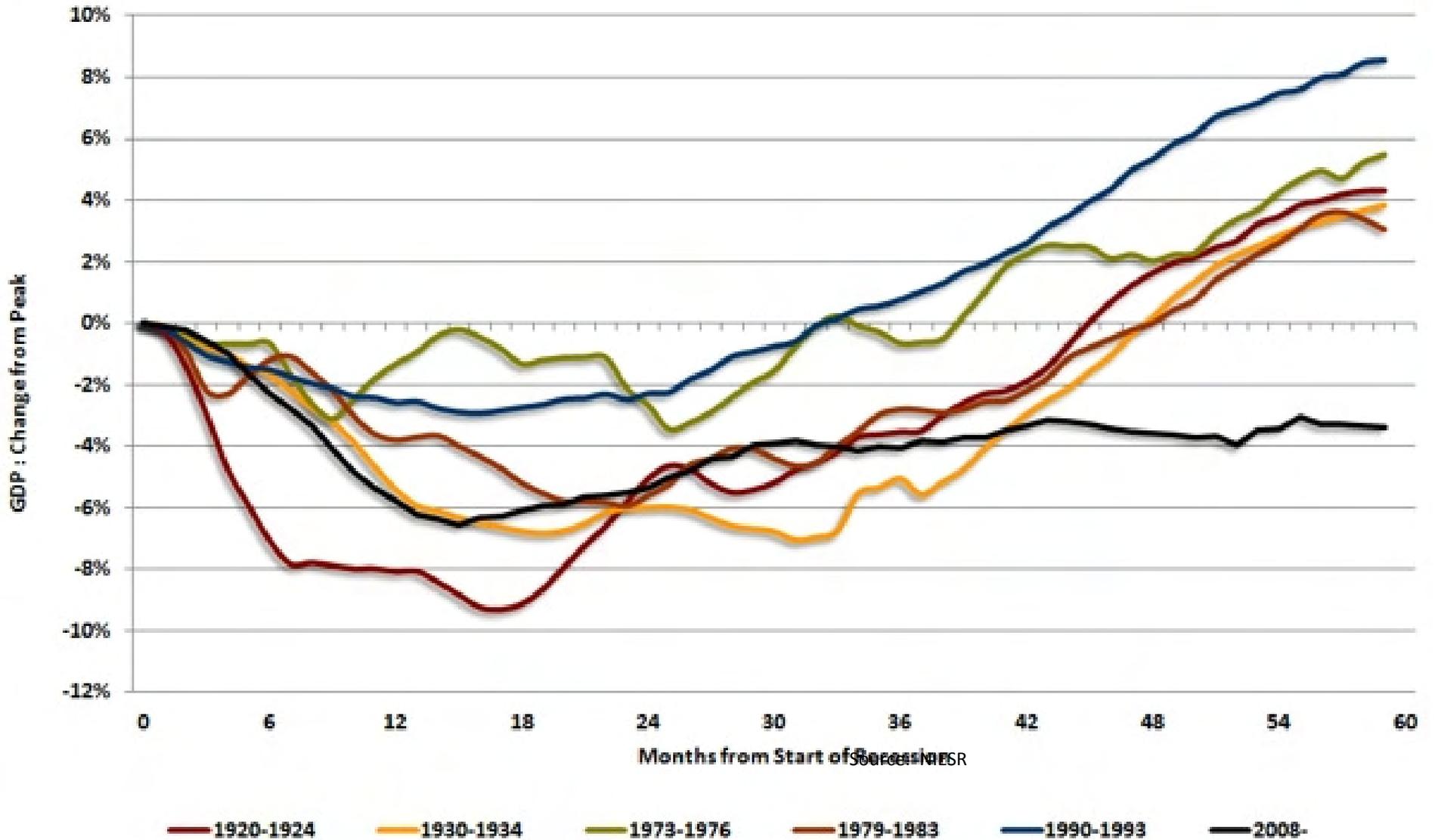


20 CCGs

9 upper tier
Councils & 36
districts



Austerity - economic & fiscal prospects are dismal

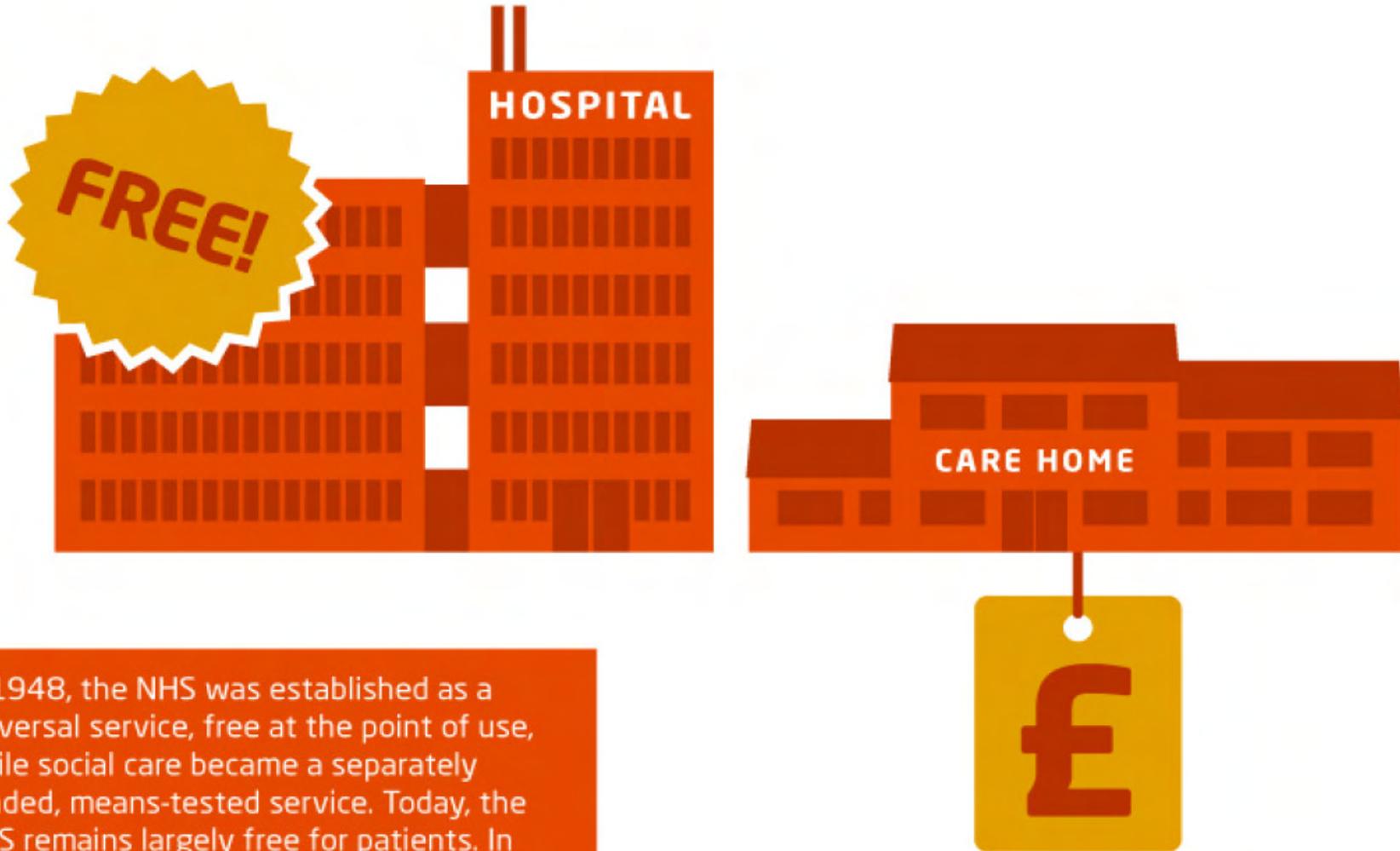


Pattern of spending does not reflect changing needs

As a proportion of government expenditure, the NHS in England now consumes close to one-fifth of all departmental spending - the largest in government and the equivalent of central spending on defence and education combined. The NHS budget is six times larger than the social care budget.



Care Bill & Dilnot reforms – a big challenge for local government



In 1948, the NHS was established as a universal service, free at the point of use, while social care became a separately funded, means-tested service. Today, the NHS remains largely free for patients. In contrast 43% of people in independent care homes fund all their residential care costs.

Quality & safety



Integrated care – what's new



- Focus on coordination of care around individual needs
- Pioneer programme
- Transformation fund - £3.7b
 - (£1b performance related)
- Two year plan (for 2014/15 & 2015/16) must be in place by March 2014
- Plans to be developed jointly by CCGs & Las, signed off by each other & HWBs

2. NATIONAL: *Given the importance of leadership in any programme of transformational change, national leaders commit to back local leaders in their efforts to integrate care and support.*

LOCAL: *In return, we expect local leaders to come together in all localities to support the development of innovative models of integrated care and support that are better at meeting local needs.*

Details of the Better Care Fund

The June 2013 SR set out the following:

2014/15	2015/16
An additional £200m transfer from the NHS to social care, in addition to the £900m transfer already planned	£3.8bn pooled budget to be deployed locally on health and social care through pooled budget arrangements

In 2015/16 the ITF will be created from the following:

£1.9bn additional NHS funding

£1.9bn based on existing funding in 2014/15 that is allocated across the health and wider care system. Composed of:

- £130m Carers' Breaks funding
- £300m CCG reablement funding
- £354m capital funding (including c.£220m of Disabled Facilities Grant)
- £1.1bn existing transfer from health to social care

Local areas free to add additional funds to the pooled budget

Payment for performance and incentivisation

The £3.8bn pooled budget will only be released to local areas with agreed plans for how it will be used

Detail of plans locally agreed but some national elements

These will include:

- plans must be joint and must be signed off by Health and Wellbeing Boards locally and Ministers nationally;
- protection for social care services (not spending);
- 7 day working in health and social care to support patients being discharged and prevent unnecessary admissions at weekends;
- Using NHS number to enable information sharing and jointed up assessment and plan;
- accountable professional for integrated package of care;
- contingency plans if targets are not met; and
- agreement on implications in the acute sector.

£1bn of the funding will be linked to **outcomes achieved**

Payment for performance

Payment will be based on a combination of locally and nationally set outcome measures. Half of the funding will be paid at the beginning of 2015-16 (based on performance in the previous year) and the remainder in the second half of the year against performance in year. In order to access all of the funding, local areas will need to meet their planned outcomes.

Assurance of plans

Plans will be signed off by Health and Wellbeing Boards, and assured by Ministers

This is to ensure areas are setting the right levels of ambition

Impact – building the case

Community budgets and Troubled Families have demonstrated the potential for joining up transforming services, but there is little evidence specifically in the health and social care sector (although user experience shown to improve significantly). But need to demonstrate impact to ensure the Spending Review in 2015 continues the investment in integration.

Pioneers	<ul style="list-style-type: none">•14 areas announced on 1 November who will act as exemplars for integrated care, with support from national partners.•Will involve real time evaluation and reporting.
Public Service Transformation Network	<ul style="list-style-type: none">•The evaluation systems are locally led, but benefit from central government support and buy-in. Evaluation will identify - in both the short and long term - the value of costs and benefits of public service transformation and where these fall. The PSTN is working to develop an evaluation support framework that will provide practical guidance and support to enable locally led evaluations.
Plans	<ul style="list-style-type: none">•Plans will be submitted in February 2014 and provide a rich source of information for process and system changes;•Plans will also set out ambitions and expected impact.
Payment for performance	<ul style="list-style-type: none">•Measures are still being agreed the four most likely are:<ol style="list-style-type: none">1. Emergency admissions and admissions into residential care;2. Effectiveness of re-ablement;3. User experience;4. Delayed transfers of care.•Some measures will be available for April 2015 for first payment of performance element but the plans relate mainly to 2015/16 and impact will not be known until towards the end of 15/16 at the earliest.•Working towards 7 day service provision

Case Study: vSPA (north Derbyshire)

- Single point of access to VCS service providers in N. Derbys
- Aide navigation of services by service users and clinicians
 - Call handling
 - Directory of services
 - Guidance into appropriate services
 - Monitor VCS response times and service quality
 - Inform future commissioning
- For more info contact Jacqui Willis at NDVA
- 01246 555908



Questions for LIOs

- What level of influence do we have at HWB?
- How involved were we in the BCF process?
- What opportunities does this open for the VCS?
- What support will be needed in order to capitalise?