

# Principles of Transformation

March 2014

## Background

The combination of a growing and ageing population in the UK, with associated growth in long term health conditions and continued poor lifestyle choices is resulting in the NHS facing greater demand and financial pressures than ever before.

Traditionally the NHS has placed a heavy emphasis on the development of responsive services such as A&E and target acute services. By comparison the development of Prevention and early intervention services has arguably remained relatively under developed. The current financial pressures within the health care system highlight the escalating costs of acute service provision and illustrate the need to innovate new services that help people stay independent and healthier for longer. This innovation is needed to avoid expensive hospital admissions, which currently drive significant costs through the health care system.

Wider concerns also exist around the long term problem of integration between health and social care. In recognition of these issues the government has pooled £3.8 billion to transform health and social care so that it is delivered in a more integrated way. This investment will be known as the 'Better Care Fund'. The fund is expected to break down the barriers between health and social care, deliver better person centred services for individuals and lead to better wellbeing outcomes.

This briefing summaries the reforms taking place and how the voluntary and community sector (VCS) might respond.

## The Better Care Fund

The aim of the Better Care Fund is not only to provide a more integrated system of health and care but to deliver that system at scale and pace. It has been described as 'a

*single pooled budget for health and social care services to work more closely together in local areas, based on a plan between the NHS and local authorities'*. The fund does not represent an increased allocation from government to support health and social care. Instead the indicative budget represents a financial resource that has been pooled from other budget allocations.

Nationally the intention of the Better Care Fund is to pool resources from the following sources:

- £1.1 billion transferred from health to social care;
- £130 million Carer's Breaks Funding;
- £300 million Clinical Commissioning Group (CCG) re-ablement funding;
- £350 million capital grant funding;
- £1.9 billion from NHS allocations.

To prepare to launch the Better Care Fund, each Health and Wellbeing Board has produced a Better Care Plan. Each plan provides a rationale behind the allocation of funding and evidences how it will support the following outcomes:

- Protection of social care services;
- Provision of seven-day services in health and social care to support patients being discharged and prevent unnecessary admissions at weekends;
- Provision of better data sharing between health and social care;
- Development of joint approaches to assessments and care planning.

## The Case for Change

Following the release of the health white paper in 2012 the health care system is increasingly becoming focused on patient involvement.

## Principles of Transformation

The health white paper *'Equity and excellence: liberating the NHS'* references 'no decision about me, without me' in relation to the need to develop patient-centred care, choices and pathways.

The drive for patient involvement has intensified following the release of the Francis Report detailing all the care failings of the Mid Staffordshire Foundation Trust. The overarching theme from the report is clear: a fundamental culture change is needed in order to put people at the centre of the NHS.

As a result of these developments there is now wide spread recognition of the need for a whole system review. Consultation with patients and carers reveal a health care system struggling with the following changes:

- Services are fragmented and there is poor communication between health and social care teams;
- Patients are confused and are not always aware of services available to them or how to navigate the existing system;
- Services are limited to normal office hours. Out of hours service users are much more likely to access expensive A&E services or call 999;
- Services are very reactive based around crisis management rather than prevention making them expensive to run and difficult to plan;
- Recent concerns over the quality of care in both health and social care settings have highlighted the need for better integration of services and a focus on patient outcomes;
- Our population is growing and life expectancy is longer leading to much greater numbers of people living with long term and debilitating conditions. Over 70% of all hospital admissions are accounted for by people with long term conditions;

- Poor lifestyle choices, exacerbated by local inequalities, directly impact on our long term wellbeing. 70% of adults are inactive and do not eat a balanced diet resulting in a rapidly growing problem of population obesity affecting both old and young. Smoking remains an issue for 21% of the population and alcohol consumption continues to rise, particularly amongst working age adults.

As a result of the current situation there is greater recognition from commissioners that there is a need to redesign services that focus on the entire health and social care system rather than individual organisations.

This ultimately signals the move towards a fully integrated system which engages and coordinates community, primary and social care organisations.

### How can the VCS support the health and social care transformation agenda?

Many VCS organisations are already providing services that operate at the interface of health, social care and wider wellbeing. What the VCS has perhaps historically struggled to communicate is the connection between its areas of service delivery and those priorities referenced in statutory sector needs assessments and strategic priorities. A good example of this is this disconnect is the relatively low levels of VCS involvement in the development of area needs assessments and prioritisation tools such as the Joint Strategic Needs Assessment (JSNA).

The fundamental misunderstandings that often take place between VCS providers and commissioners present a significant challenge for any VCS organisation attempting to present a business case to a statutory partner. These problems are compounded by the lack of agreed frameworks and tools, endorsed by both commissioners and providers to evidence

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## Principles of Transformation

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impact and inform the business case for investing in VCS service provision – in either health or social care.

As the integration and transformation agenda evolves the need for timely and accurate data to inform decision making around commissioning will increase. To enable the sector to consider how it should respond now and in the future there is an emerging requirement to evolve how the sector gathers, collates and presents data to a range of stakeholders. This includes both data which influences the identification of local need and data which evidences impact of service delivery. In this respect there are a number of areas of strength of the BCS from which case studies could be built. These include:

- Community based self-care support groups for long term conditions;
- Specialist holistic services providing support to the most vulnerable in society to help avoid expensive hospital admissions through A&E;
- Early intervention and prevention services;
- Community based organisations with specific insight and knowledge into public health and health improvement issues.

To help address these issues One East Midlands and Public Health England are keen to develop together a cross-sector approach to explore how the VCS should present the business case for service delivery in a way that makes sense to both providers and commissioners of services. The project will be known as 'Making the Third Sector business case for health improvements in the East Midlands'.

The project will be underpinned by a cross sector steering group involving the expertise of the following stakeholders:

- Local authority public health professional;

- Local authority social care professional;
- Clinical commissioning groups;
- Voluntary and community sector organisations;
- National Institute Health and Care Excellence (NICE);
- NHS area teams;
- Cabinet Office;
- Health and wellbeing boards;
- Better Care Fund leads.

Phase one of the project involves the development of two events designed to inform how VCS organisations can utilise Public Health intelligence to evidence the need for their work. Both events will both explore available public health intelligence and how VCS organisations can use and contribute to the development of data.

These events will take place on:

- Thursday 1 May 2014, Market Harborough
- Friday 9 May 2014, Derby.

We wish to hear from organisations who have already provided data and intelligence to statutory partners which has been used to inform needs assessments and strategic priorities. We would also like to hear from health and social care providers who would be interested in exploring opportunities to undertake some developmental work to design the business case behind a particular service.

If you would like to find out more about the project email [health@one-em.org.uk](mailto:health@one-em.org.uk).

### Conclusion

At a time of continued transition in the health and social care sector it is imperative that VCS organisations are able to evidence the impact of their work.

The success of initiatives like the Better Care Fund will be underpinned by the ability of organisations to collate vital data to assist effective decision making around integration

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## Principles of Transformation

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and transformation.

In this respect there is a challenge for VCS organisations to embrace. The reality is that in the current economic climate all organisations have to evidence the impact of their work. Those organisations with the ability to evidence impact and demonstrate integrated health and social outcomes are much more likely to secure the necessary investment to sustain and develop service provision within a context of integration and transformation.

### One East Midlands

One East Midlands works to ensure that the VCS is actively engaged with key partners, from across the public, statutory, business and social enterprise sectors. We bring together organisations that support VCS groups across the region to influence and shape policy, improve services and provide a point of contact at a regional level.

### Authors

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### Sources

- Department of Health, White Paper, Equity & Excellence: Liberating the NHS (2010)
- Final report of the Mid Staffordshire NHS Foundation Trust Public Enquiry (2013)
- Kings Fund, Making best use of the better care fund: Spending to save? Bennett & Humphries (2013).