

# Integrated Care Update

## Members Seminar

20<sup>th</sup> April 2018



# Objectives of the Session

- \* Update members on the development of integrated care in South Yorkshire and Bassetlaw
- \* Update members on integrated care in Rotherham



# Health and Care Working Together in South Yorkshire and Bassetlaw

Developing an Integrated Care System (ICS)

April 2018

# Integrated Care System context



£3.9 billion total health and social care budget



1.5 million population



72,000 staff across health and social care



37,000 non-medical staff



3,200 medical staff



835 GPs / 208 practices



6 acute hospital and community trusts



5 local authorities



5 clinical commissioning groups



4 care/mental health trusts



# Where are we in South Yorkshire & Bassetlaw (SYB)?

18 months since Sustainability and Transformation Plans published, a refresh is now underway

Progress made:

- Significant investment in social prescribing
- Hospital Services Review (HSR) underway – reporting in May
- Engaged with and heard from citizens on the Plan and the HSR
- Priorities agreed, including investing in primary care, integrating mental health services, improving early cancer diagnosis, increasing future workforce supply

## National direction of travel

- Moving from being called STPs to Accountable Care Systems to – now – Integrated Care Systems (ICSs)
- Some Integrated Care Systems will be designated this year, moving to all areas from 19/20
- ICSs will have a central role in the planning process with e.g. single system plan underpinned by local plans
- National priorities remain with a focus on key areas e.g. General Practice, Cancer, A&E



# What will ICSs do?

They will be expected to:

- \* Plan for the future
- \* Align commissioning
- \* Integrate regulation
- \* Manage performance
- \* Provide system leadership
- \* Own and resolve system challenges

## In South Yorkshire and Bassetlaw ...



Expect to be designated one of the first ICSs later in a few weeks



Currently negotiating best starting position for SYB with NHS England



Continue to work within existing legislation



Following the publication of the independent hospital services review on 8th May, explore the next steps with the public and staff

# Rotherham's Integrated Care Partnership (Place)

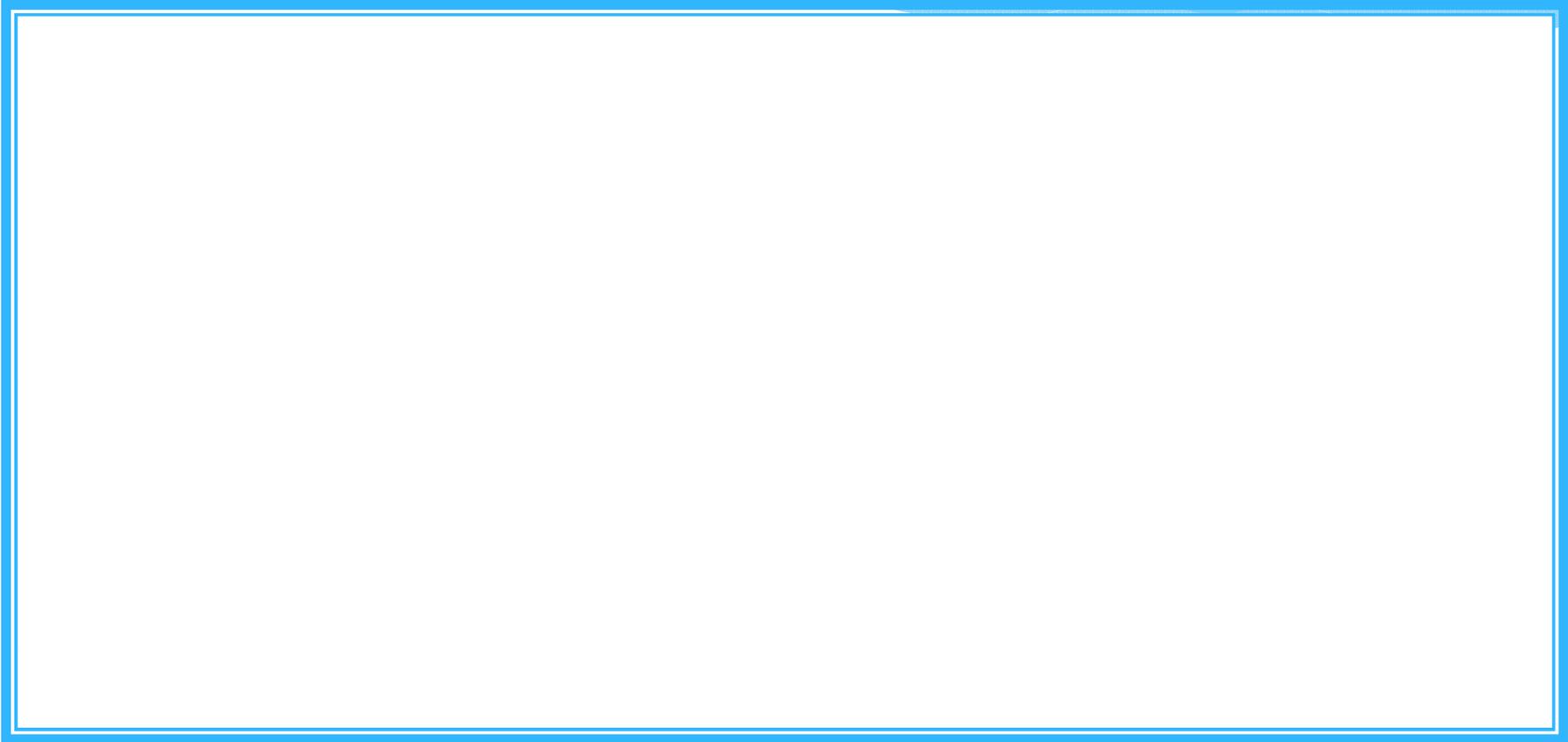
## Rotherham ICP Development Session



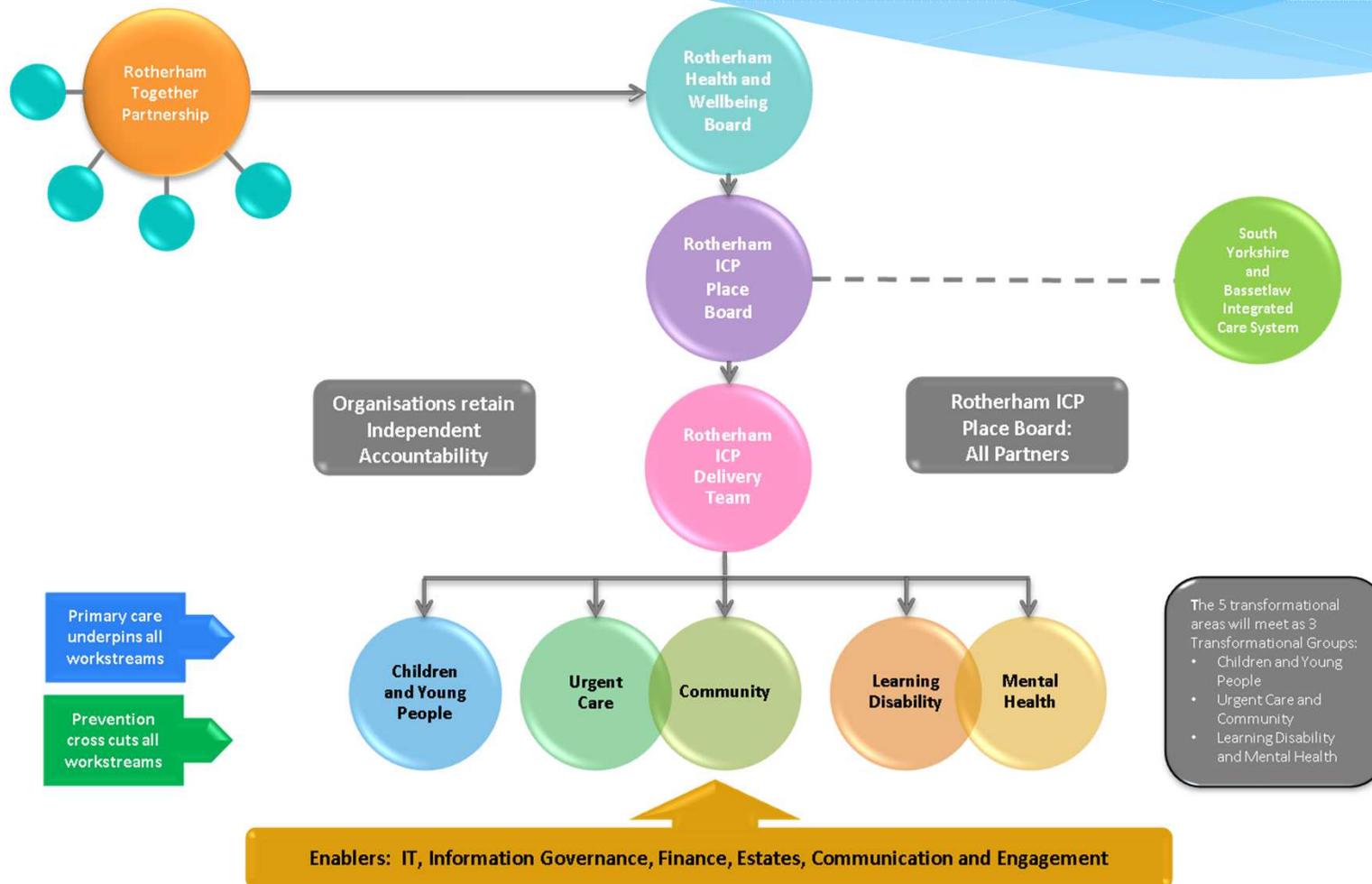
# Integrated Care in Rotherham - Our Common Vision

*‘supporting people and families to live  
independently in the community, with prevention  
and self-management at the heart of our  
delivery’*

# The Journey So Far... Place Plan



# The Journey So Far... Governance



# The Journey So Far ... Principles

Our decision making to date has been shaped by following a number of principles, we will:

- \* Focus on people and places through the integration of health and social care services, pulling pathways together around people's homes and localities; adopt a way of working which promotes continuous engagement with, and involvement of, local people to inform this.
- \* Actively encourage prevention, self-management and early intervention to promote independence and support recovery, and be fair to ensure that all Rotherham people can have timely access to the support they require to retain independence.
- \* Design pathways in collaboration to reduce duplication and make our current and future services work better, and to reduce health inequalities in Rotherham providing a person centre approach.
- \* Be innovative, using international evidence and proven best practice to shape our pathways to achieve the best outcomes for people in the most cost effective way.
- \* Strive for the best quality services based on the outcomes we want within the resource available.
- \* Be financially sustainable and this must be secured through our plans and pathway reform.
- \* Align relevant health and social care budgets together so we can buy health, care and support services once for a place in a joined up way.

# What is / will be different?

## **Children and Young People: Priorities**

1. Implementation of CAMHS Transformation Plan including Section 75
2. Oversee delivery of the 0-19 healthy child pathway services
3. Implementation of agreed SEND Action Plan
4. Children's Acute and Community Integration
5. Implement 'Signs of Safety' for C&YP across partner organisations.
6. Embed Voice of the child principles

# What is / will be different?

## **Mental Health and Learning Disabilities: Priorities**

1. Deliver improved outcomes and performance in the Improving Access to Psychological Therapies service
2. Improve dementia diagnosis and support – continued focus on community
3. Deliver CORE 24 mental health liaison services
4. Transformation of the Woodlands inpatient 'Ferns' ward
5. Improve Community Crisis and Home Treatment response and intervention in mental health
6. Oversee Delivery of Learning Disability Transforming Care
7. Support the Development of Autism Strategy
8. Support work of Public Mental Health Strategy including Suicide Prevention

# What is / will be different?

## **Urgent and Community: Priorities**

1. Integrated Point of Contact
2. Integrated Discharge Team
3. Intermediate Care and Reablement
4. Integrated Rapid Response
5. Integrated Localities
6. Integrated Care Home Support

# How could we work differently?

- \* Joint posts between commissioners
- \* Joint posts between providers
- \* Do we have whole system posts?
- \* Joint budgets where it makes sense to do so
- \* Joint Organisational Development (OD)
- \* Network senior officers

# Issues we need to consider

- ❖ Relationships
- ❖ Making sure we are accountable to our organisations and our population.
- ❖ Governance (such as managing Conflicts of Interest to take decisions without challenge)
- ❖ Managing increased involvement between Health / Local Authority  
Use existing levers - Section 75s, pooled budgets and Better Care Fund
- ❖ Data – information governance and data sharing across organisations
- ❖ Regulatory/contractual restraints (especially in NHS circles with nationally agreed contracts)
- ❖ New Workforce issues and models
- ❖ Competition and Procurement considerations / Patient Choice
- ❖ Consultation – when and how much?
- ❖ Finance – moving to new models of payment to providers and more pooled budgets
- ❖ The gap between law and policy – no imminent changes in law