

<b>Title</b>	Health and Social Care Integration: Outline Business Case for Older People
<b>Date</b>	18 June 2014
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**Purpose of this report:**

The Outline Business Case, which has been considered by the Health and Wellbeing Board at two previous meetings, provides an opportunity for all organisations to be a fundamental part of redesigning the local Health and Social Care Economy. The aim is to ensure a more joined up service for our residents and therefore a better customer/patient experience. In addition, we intend to align our approach to prevention, early intervention and demand management to ensure improved outcomes for customers and a better use of resources across the whole system.

**Summary of main issues:**

The Outline Business Case builds on the work completed as part of Buckinghamshire's Better Care Fund submission (Feb 2014). It sets out the joint direction of travel and strategic commissioning intentions for the frail, elderly population in Buckinghamshire.

Buckinghamshire has consulted and agreed on a set of priorities, outlined in the Health and Well Being Strategy. The Outline Business Case sets out the plan for achieving these priorities in a more integrated way for local people.

The section 75 minimum requirement for Buckinghamshire's Better Care Fund is £28m (a subset of the £100m). During the redesign of the whole service it will be determined which services could and should be delivered as part of Better Care Fund arrangements. This could be more that £28m if both parties agree this is suitable.

**Recommendation for the Health and Wellbeing Board:**

- i. Does the HWBB agree with the model presented in the OBC?
- ii. Does HWBB agree with the scope of the next phase of activity?

**Background documents (for Information):**

Integrated Health and Social Care for Buckinghamshire  
Outline Business Case  
19 May 2014, V1.4

## Health and Social Care Integration Outline Business Case for Older People

### 1. Introduction

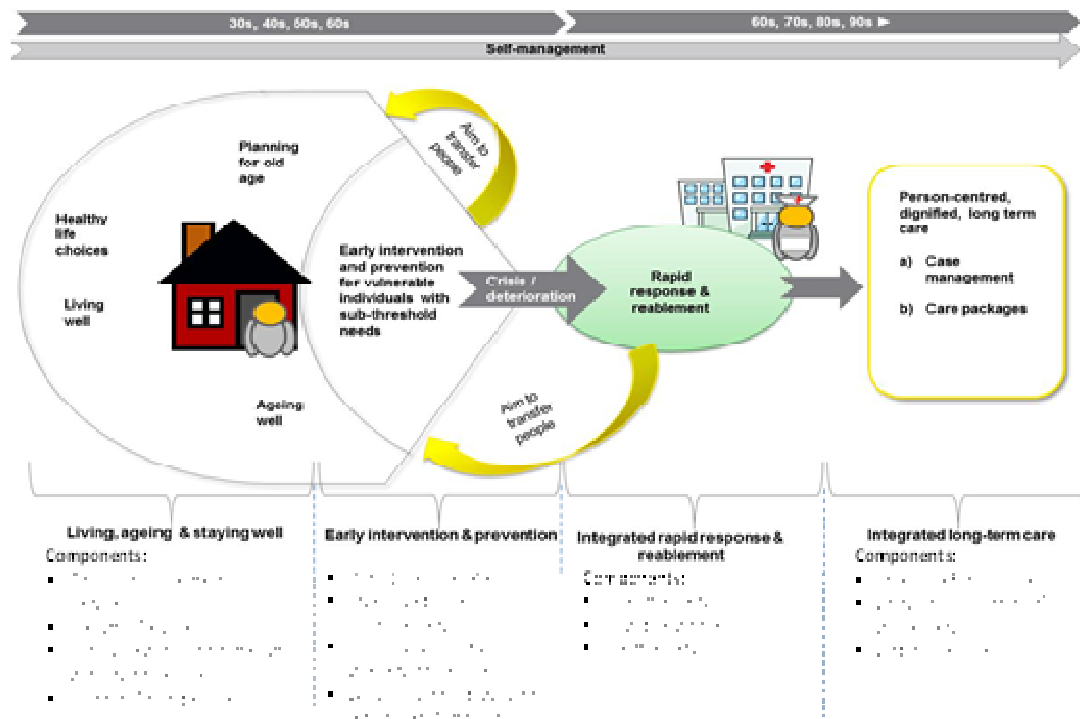
Spending on Frail Elderly Services in Buckinghamshire is approximately £100m. The Outline Business Case sets out a high level model and operating arrangements to re-provision these services in a more integrated way. This model described focuses on commissioning differently and will be delivered from within the existing resources available. The detailed design is subject to resources and the agreement and approval of all stakeholders.

As a result of financial and demographic pressure, the shape and nature of the local health economy is changing. If these services continue to be delivered as-is, it is estimated that there will be a £11.9m gap between income available and expenditure, having factored in organisations' savings plans.

### 2. The model and its development

This model is described in detail in Section 3 of the OBC. It builds on the Kings Fund 'telephone dial' model that has been discussed previously and is consistent with the ideas of front line staff articulated at workshops in the last year.

The new model for integrated care consists of four tiers, comprising a number of different components:



Tier	Objective	Components
<b>Living, ageing and staying well</b>	Providing coordinated, responsive and sustainable health promotion services, and bringing partners together to tackle negative lifestyle choices, to transform the overall health of Buckinghamshire	<ul style="list-style-type: none"> <li>a. Multi-agency prevention strategy</li> <li>b. Behaviour Change programmes</li> <li>c. Integrated Lifestyle Service</li> <li>d. Planning for older age</li> </ul>
<b>Prevention and early intervention</b>	Identification of and support for individuals who are vulnerable, and at risk of requiring support in the future	<ul style="list-style-type: none"> <li>a. Proactive case finding and referrals</li> <li>b. Integrated case management</li> <li>c. Community based prevention services</li> <li>d. Digitalisation, adaptation, equipment and housing</li> </ul>
<b>Rapid response and reablement</b>	Co-ordination of services to individuals during a period of rapidly escalating health or social care need, in order to avoid attendance at hospital or the requirement for a long-term care package	<ul style="list-style-type: none"> <li>a. Rapid response</li> <li>b. Reablement</li> </ul>
<b>Integrated long-term care</b>	Reshaping long-term care services around a common understanding of service users' needs and establishing a single approach to market management across the health and social care economy	<ul style="list-style-type: none"> <li>a. Integrated locality teams</li> <li>b. Joint commissioning of placements</li> <li>c. End of life care</li> </ul>

The next stage will begin to describe the detailed specifications for the listed key components, the associated capacity and benefits modelling and the commissioning and contractual commercial arrangements. It will also ascertain the level of readiness in the current system for the implementation of the new model – identifying areas where implementation could possibly take place in the shorter term.

Going forward we will seek to address the following:

Workstream	Approach
<b>Strategic Business Case</b> – Summary that links the specification, financial case and commercial strategy, in order for governing bodies to sign off key decisions	<ul style="list-style-type: none"> <li>• <b>Linkage between service specifications, financial case and commercial strategy</b></li> <li>• <b>Integrate key messages from other workstreams and deliver through governance process</b></li> </ul>

<p><b>Service Specification –</b> Allows organisations to jointly commission the required services</p>	<ul style="list-style-type: none"> <li>• <b>Build on work already in train</b></li> <li>• <b>Add detail to key functions of integrated model</b></li> <li>• <b>Define services required and outcomes that need to be delivered</b></li> <li>• <b>Use design groups as forum for discussing service model changes</b></li> <li>• <b>Engage with public/patients around proposed changes</b></li> <li>• <b>Research and analyse good practice from elsewhere</b></li> <li>• <b>Agree KPIs and performance measures</b></li> <li>• <b>Define minimum workforce standards and skill requirements</b></li> <li>• <b>Define future system and infrastructure requirements</b></li> <li>• <b>Draw on work being performed in live ‘mini-projects’</b></li> </ul>
<p><b>Financial modelling –</b> Informs decision making around specification and commercial strategy. Summarises level of investment required in commissioned services and expected benefits profiles</p>	<ul style="list-style-type: none"> <li>• <b>Understanding of current volumes and demand in system</b></li> <li>• <b>Projection of future demand/volumes if services continue to be delivered as-is</b></li> <li>• <b>Required capacity and cost of new service model</b></li> <li>• <b>Impact in activity and cost of new service model</b></li> <li>• <b>Development of service projected costings and the projected impact of benefits (how much and where)</b></li> <li>• <b>Impact assessment of activity shift</b></li> <li>• <b>Submission of financial case with whole system P&amp;L work</b></li> </ul>
<p><b>Commercial strategy –</b> Plan and approach to take forward delivery of the specification</p>	<ul style="list-style-type: none"> <li>• <b>Map out commissioning / implementation process and timeline</b></li> <li>• <b>Devise and agree contractual mechanisms with providers to deliver outcomes</b></li> <li>• <b>Agree approach to market management</b></li> <li>• <b>Assess risks and continue developing risk management approach</b></li> <li>• <b>Development of the section 75 contract</b></li> <li>• <b>Identify commissioning and contracting constraints and agree plan for addressing these</b></li> <li>• <b>Design delivery resource (commissioning function)</b></li> <li>• <b>Devise and agree Terms of Reference for future governance arrangements</b></li> </ul>

These projects will occur between June and September 2014, at which point the Strategic Business Case will be delivered, and alignment with the Whole System Profit and Loss Account work will take place. It is proposed that approval to proceed to implementation will be sought from Health and Wellbeing Board in Autumn 2014.

### 3. Proposed outcomes

As previously articulated, the outcomes sought from this programme are aligned to the Health and Well Being Board priorities. Senior managers, clinicians and councillors have built on the HWB strategy to develop a vision across the system:

*'Everyone working together to provide high quality, prevention and personalised care to help keep Buckinghamshire people happy and healthy (optimising value from our collective efforts)'*

By delivering this vision, commissioners will:

- **Improve the health and wellbeing of Buckinghamshire people:** Keeping them happy and healthy with better quality physical and mental health and well-being, striving to deliver high quality outcomes for all
- **Provide integrated support with no distinction between services:** Seamless service provision support where we work together and everyone plays the part, using the combined genius of organisations, communities and people's solutions
- **Deliver quality across the whole pipeline:** High quality personalised care based on a consistent, common assessment of needs
- **Enable people to take greater responsibility for self-care:** Ensuring integration between what practitioners do and what people and their families do themselves, as well as between primary and secondary health and social, physical and mental wellbeing services

### 4. Risks

The vision and the outcomes sought in the OBC are ambitious, which justifies the mandate for further work through the Full Business Case. There are risks attached both to the do nothing option and to progressing in this way. These risks can be summarised as:

**Funding:** The Better Care fund milestones are mandated and some elements are related to achievement of key performance metrics. Not progressing the OBC model of which the Better Care Fund allocation is a part (£28m in the total scope of £100m) will put at risk achievement of those metrics.

**Significant demand risk:** Not redesigning the health and care economy could have a significant demand and therefore financial impact on social care and health services in different ways.

**Risk to the quality and sustainability of services:** There are issues with the current system and the Outline Business Case sets out proposals to address these. The continuation of this work will enable us to ensure the priorities and needs of our residents are a fundamental part of the new service.

**Activity and resource shift risk.** The Better Care Fund guidance proposed a shift of activity away from acute trusts of 15%. Achievement of such a shift poses a significant risk to the local health economy. Nationally there is a growing recognition that given demographic pressure, not seeing a significant rise in acute activity would in fact be an

achievable goal but we should remain determined to commission and provide services that support person centred care as close as home to possible. It is imperative therefore that the further development of this model of services sits within the context of the whole system profit and loss work and that the impact on all parts of the system is understood more clearly at each point.

Further risk identification and development of mitigating actions will continue during the next phase of work.

## **5. Next Steps**

Progress of the Older People's Full Business Case will continue to be reported into the Health and Well Being Board and Healthy Bucks Leaders to ensure all key stakeholders are able to shape and influence this area of work.