

NHS BOLTON CLINICAL COMMISSIONING GROUP
Public Board Meeting

AGENDA ITEM NO:7.....

Date of Meeting:29th June 2018.....

TITLE OF REPORT:	Integrating Health and Care for Bolton	
AUTHOR:	Health and Wellbeing Executive	
PRESENTED BY:	Wirin Bhatiani/Su Long	
PURPOSE OF PAPER: (Linking to Strategic Objectives)	The report sets out the strategic approach and required steps to progress the establishment of Bolton's Strategic Commissioning Function and an Integrated Care Partnership for Health and Social Care.	
LINKS TO CORPORATE OBJECTIVES (tick relevant boxes):	Delivery of Year 3 Locality Plan.	
	Joint collaborative working with Bolton FT and the Council.	√
	Supporting people in their home and community.	
	Shared health care records across Bolton.	
	Regulatory Requirement	
	Standing Item	
RECOMMENDATION TO THE BOARD: (Please be clear if decision required, or for noting)	<p>The Council's Cabinet, NHS Bolton Clinical Commissioning Board and the Board of Bolton NHS Foundation Trust, as the core statutory partners, are requested to;</p> <ul style="list-style-type: none"> • Agree the strategic approach and framework described in this report and sign up to a Memorandum of Understanding on this basis as a demonstration of their commitment. • Agree the milestones as set out in sections 4.8 and 4.9 for the Strategic Commissioning Function and section 6.7 for the Integrated Care Partnership. <p>Agree to receive further detailed updates on specific pieces of work which will underpin the implementation of the two core components to deliver an Integrated Health and Care system.</p>	
COMMITTEES/GROUPS PREVIOUSLY CONSULTED:	CCG Board Development.	
REVIEW OF CONFLICTS OF INTEREST:	Conflicts of interest have been reviewed throughout the process.	

VIEW OF THE PATIENTS, CARERS OR THE PUBLIC, AND THE EXTENT OF THEIR INVOLVEMENT:	Views from patients and the public have been considered throughout the development of approach and framework to integrating health and care.
EQUALITY IMPACT ASSESSMENT (EIA) COMPLETED & OUTCOME OF ASSESSMENT:	Equality impact assessments to be carried out, as required, once the strategic approach has been approved.

Report to: The Board, Bolton NHS Foundation Trust

The Board, NHS Bolton Clinical
Commissioning Group, and

The Cabinet, Bolton Council,

Date: 28th June – 2nd July 2018

Report of: Health and Wellbeing Executive

Report No:

**Contact
Officer:** David Herne – Director of Public Health

Tele No:

Report Title: **Integrating Health and Care for Bolton**

**Confidential /
Non
Confidential:** (**Non-Confidential**) This report does **not** contain information which warrants its consideration in the absence of the press or members of the public

Purpose: This report sets out the strategic approach and required steps to progress the establishment of Bolton's Strategic Commissioning Function and an Integrated Care Partnership for Health and Social Care.

Recommendations: The Council's Cabinet, NHS Bolton Clinical Commissioning Board and the Board of Bolton NHS Foundation Trust, as the core statutory partners, are requested to;

- Agree the strategic approach and framework described in this report and sign up to a Memorandum of Understanding on this basis as a demonstration of their commitment.
- Agree the milestones as set out in sections 4.8 and 4.9 for the Strategic Commissioning Function and section 6.7 for the Integrated Care Partnership.
- Agree to receive further detailed updates on specific pieces of work which will underpin the implementation of the two core components to deliver an Integrated Health and Care system.

Decision:

**Background
Doc(s):**

- [Bolton Locality Plan](https://www.boltonccg.nhs.uk/the-bolton-plan-for-health-and-social-care) : <https://www.boltonccg.nhs.uk/the-bolton-plan-for-health-and-social-care>
- [Integrated Commissioning for Health and Social Care](#) - report to Cabinet 6th November, 2017

*(for use on
Exec Rep)*

Signed:

Leader / Executive Member

Monitoring Officer

Date:

Summary:

*(on its own
page
with
background
docs)*

1 Introduction

- 1.1 All partners in Bolton’s health and care system are passionate about improving both the services people experience, and the outcomes for Bolton’s ever changing population.
- 1.2 We have a shared Bolton Vision for a healthier place and people as set out in our Locality Plan for Health and Social Care ;

“Bolton will be a vibrant place built on strong cohesive communities, successful businesses and healthy, engaged residents. It will be a welcoming place where people choose to study, work, invest and put down roots. We want our people and our place to prosper and we will make this happen by driving inclusive growth and reforming our services, in partnership, to promote wellbeing for all”

- 1.3 The Locality Plan describes how, in the face of increasing demand and limited resources, we must work together to sustain a financially and clinically sustainable health and care system. The integration of both commissioning and provision are critical to the delivery of this ambition; enabling the best use of our resources in a climate where “do nothing” is not an option.
- 1.4 This report sets out the proposals and first steps for these two interdependent programmes of work and recognises the need for strong political and clinical leadership to drive forward our Integrated Health and Social Care System. They are;
 - **Bolton’s Strategic Commissioning Function (SCF):** bringing professionals, politicians and clinicians together to make decisions on the best use of the Bolton Pound and to influence the wider determinants of health.
 - **Bolton’s Integrated Care Partnership (ICP):** joining up health and social care provision to improve outcomes for local people and, in the process, reduce demand on hospital and long term care. This will have its foundations in a neighbourhood approach to design, development and delivery of services.
- 1.5 The above developments will initially be overseen by a Shadow Partnership Board that will be operational from July 2018, it will be oversee the development programmes for both the Strategic Commissioning Function and the Integrated Care Partnership for Bolton as demonstrated below;



- 1.6 In the development of both the Strategic Commissioning Function and the Integrated Care Partnership, our overarching principles are to:
 - Promote prevention and independence
 - Provide person-centred health and care services

- Deliver more care in communities and by communities
 - Support staff through new service models with integrated systems and pathways
 - Use pooled resources more efficiently
- 1.7 This report sets out the ambition and the steps to move forward the SCF and ICP and seeks the approval of the core statutory partnerships to commit to the developments as set out in the report and to work with wider partners to deliver the transformation required.

2 Background - Case for change

2.1 Bolton's Population

2.2 Bolton has a growing and changing population, which will reach 300,000 over the next decade, with increasing numbers of both older people and those living with complex long-term conditions. It is recognised that the GP registered list of patients is already exceeding this figure.

2.3 Although people are living longer, they are not necessarily doing so in good health meaning demand for services is predicted to increase e.g. the number of people aged 65+ with dementia is expected to grow by 35.9% to 4,203 in 2025.

2.4 Bolton is also seeing an increase in the numbers of school age children with a particularly rapid growth in 0-4 year olds; meaning further pressures on our primary and secondary schools as the numbers of children in them rises. This will bring increasing demand on health and care services for those children with those needs.

2.5 In addition, we have increasing diversity within our population. We need to ensure that our health and care services are fully equipped to deal with the pace of this demographic shift.

2.6 Whilst Bolton does well on some measures of our population's health and wellbeing, there are many areas where we can do much better:

- **Outcomes for children;**
 - Bolton has more mothers who smoke at time of delivery and fewer women who breastfeed,
 - There are higher numbers of low birthweight babies,
 - More children living in low income families,
 - Higher rates of childhood obesity
 - More hospital stays for alcohol related harm in children
- **Outcomes for adults;**
 - Life expectancy for men and women in Bolton is slightly lower than the national average, but there are marked inequalities across the borough.
 - Life expectancy is over 10 years less for men and women in our most deprived areas compared to the most affluent and the situation is not improving.
 - Disability- free life expectancy; both men and women are likely to spend, on average, a quarter of their life with some form of disability.
 - Heart disease and cancer are the leading cause of people dying before they get old. For early deaths from heart disease, Bolton ranks 120th out of 150 local authorities in England, and 110th for early deaths from cancer.
 - Bolton sees higher than average levels of alcohol related harm, smoking related deaths, and hip fractures in older people, more deaths from drug misuse and more hospitalisation for self-harm.
 - Bolton adults are less likely to be physically active than people elsewhere in England.

- **Social care outcomes**

- The proportion of adults who are still at home 91 days after discharge from hospital into rehabilitation or re-ablement is lower in Bolton than the national average
- Permanent admissions to nursing and residential care are higher than average.
- Few adults and their carers report having as much social contact as they would like
- A lower proportion of adults with a learning disability with care needs are in paid employment compared with the rest of England.

2.7 Bolton has much to be optimistic about with forecasts suggesting increasing economic prosperity over the next ten years and an increase in employment opportunities. We need to ensure that our local population is both skilled and able as well as fit and healthy enough to respond to this growth. If not, residents in Bolton, particularly in the most deprived areas, may not benefit from the economic prosperity and the job opportunities created over the coming decade.

2.8 To meet the twin challenges of our changing population and to improve outcomes, we need a new approach that redesigns care around a person's individual needs regardless of diagnosis, with a graduated increase in support as needs rise, particularly towards the end of life. Many people in Bolton need support from both NHS and social care services and the way we arrange services can lead to gaps, duplication and confusion. We need a person and community centred approach to health and social care services to ensure that **the right care is offered in the right place at the right time.**

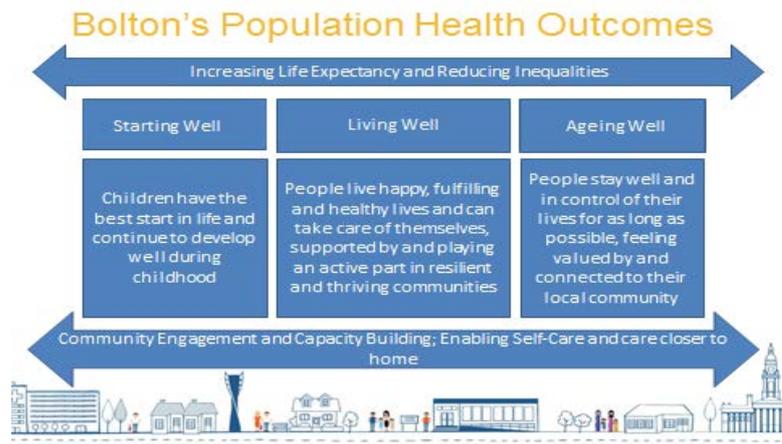
2.9 This integrated care can deliver improved patient experience as well as clinical outcomes. It can reduce use of acute and emergency care through better co-ordination with primary and community care services; reducing the need for multiple assessments and visits to different providers, supporting people to remain within their communities and maintaining their independence.

3 Our shared vision for a healthier Bolton

3.1 Our vision is about changing how health and care is commissioned and delivered to help people live healthy lives, and empower local people to support themselves. To change things, we need to work differently. This means making services more joined up, training staff to work in new ways, and supporting people to become more independent and control their own health and wellbeing. There will be a shift of services to be more focussed in communities, and away from acute settings ensuring only those that need hospital care access this when needed and are away from home for the shortest time necessary.

3.2 The financial challenge facing all of us means we will have to look carefully at what the 'Bolton pound' can and should pay for. We have already set out in our Locality Plan, our commitment to develop a population and whole family approach to the way we deliver health and social care. In future, health and care will span organisational boundaries and integrate care services; it will be rooted in the assets that lie within our neighbourhoods both the materials and the people.

3.3 The vision is for the whole life cycle and addresses the core priorities to enable children and adults to 'Start Well, Live Well and Age Well'.



3.4 Experience tells us that fragmented and disjointed care results in missed opportunities to intervene early. Systematic and joined up planning and delivery of health and care services at sufficient scale is needed to have the required impact. Integration of health and care services will mean we can :

- Prevent people becoming ill and enable them to look after themselves
- Better support the increasing numbers of people who need both NHS and social care services
- Harness the support of services which help people to attain better health like housing, education and employment
- Address the gaps, duplication and confusion caused by the way we currently arrange our services

3.5 The route to delivering this integration and improvement will be through the following two work streams;

Bolton's Strategic Commissioning Function
 We will make decisions on the best use of Bolton resources together;
 bring professionals, politicians and clinicians together;
 influence the wider determinants of health

Bolton's Integrated Care Partnership
 We will build a neighbourhood focused approach to joining up all health and social care that reduces demand on hospital and long term care.

The following sections describe these two components in greater detail.

4 A Strategic Commissioning Function (SCF) for Health and Social Care for Bolton

4.1 The SCF will focus on commissioning to improve our priority outcomes, but doing so through collaboration, co-design and co-production. It will bring together the different, but complementary skills within the Council and the CCG. The existing Bolton Commissioning Partnership Board already makes decisions on prioritisation of expenditure for a limited pooled budget. Under this governance, the local principles for joint commissioning have already been agreed:

- to improve integration of services
 - to avoid gaps and duplication
 - to make effective use of all skills available, whether political, clinical or managerial
- 4.2 The SCF proposal is to build on existing joint arrangements and pooled resources, rapidly expanding into a single, Strategic Commissioning Function for health and care services, built around our decisions on the development of our Integrated Care Partnership (ICP), which will:
- have a whole system approach to investing the Bolton pound
 - build a sustainable Health and Care system
 - make decisions in full view of all partners and the communities which we serve
 - have professional and clinical leadership, political oversight and democratic accountability at its heart
 - operate to agreed principles, values and behaviours
 - improve health and care outcomes by influencing the cause of ill health as well as treating it
 - commission at the right spatial level, i.e. GM, Bolton, Locality or Neighbourhood
- 4.3 The SCF will be a partnership that looks and feels like a single commissioning partnership but its form and function must be acceptable to the membership of both partnerships.
- 4.4 Whilst there is a powerful argument now for bringing these two commissioning systems together, this must be done in the right way. There are specific legal accountabilities that cannot be delegated to a joint arrangement. This means that as statutory public bodies, Bolton CCG and Bolton Council will maintain their legal and statutory responsibilities.
- 4.5 The SCF will build a single partnership across the system, replacing the current parallel arrangements. It will have the right balance between accountability to the local population and the insight from the expertise of the clinical community. It will maximise the joint benefits of having both clinical and elected member voice and leadership in commissioning decision-making.
- 4.6 It will bring together the strengths of Bolton Council and Bolton CCG; making commissioning (and decommissioning) decisions based on need, end to end pathways and appropriate allocation of resource to deliver defined outcomes and whilst contractually holding providers to account, delivering effective procurement and developing and managing the market. Our overarching principles will be to:
- Promote prevention and independence
 - Provide person-centred health and care services
 - Deliver more care in communities and by communities
 - Support staff through new models and integrated systems and pathways
 - Use pooled resources more efficiently
- 4.7 Our journey to the SCF will be a staged approach between now and 2021, with clear governance for the development process, working towards a single commissioning strategy that does what's right for Bolton. We have a significant shared ambition, but we will also build in to the process key decision points where the discussion can be paused if necessary to review and refine plans. Initially there will be a single adult financial pooled budget, incorporating relevant public health spend and built around decisions on ICP development, with a plan to move ultimately to a single, unified function covering all Children's Services as well as all Primary, Community and Acute services.

4.8 In 2018/19 we will:

- Create new shadow governance for developing relationships, learning and decision making
- Agree approach and scoping for formal decision making and governance for an increased pool in excess of a £100m with a clear ambition to increase incrementally
- Commence working towards a single team;
 - Joint team meetings
 - Co-location of teams
- Establish formal Memorandum of Understanding
- Commence developing proposals for integrated approach to support functions
- Commence developing proposals for integration of other spend including children's/primary care/surgery spend

4.9 In 2019/20 we will:

- Implement a formal Section 75 arrangement for **ALL** appropriate budgets that can be managed in that way
- Implement integrated approach to support functions
- Integrated policy, strategy and reform approach
- Shadow arrangements in place for children's/primary care/surgery spend and commissioning teams

5 An Integrated Care Partnership for Bolton

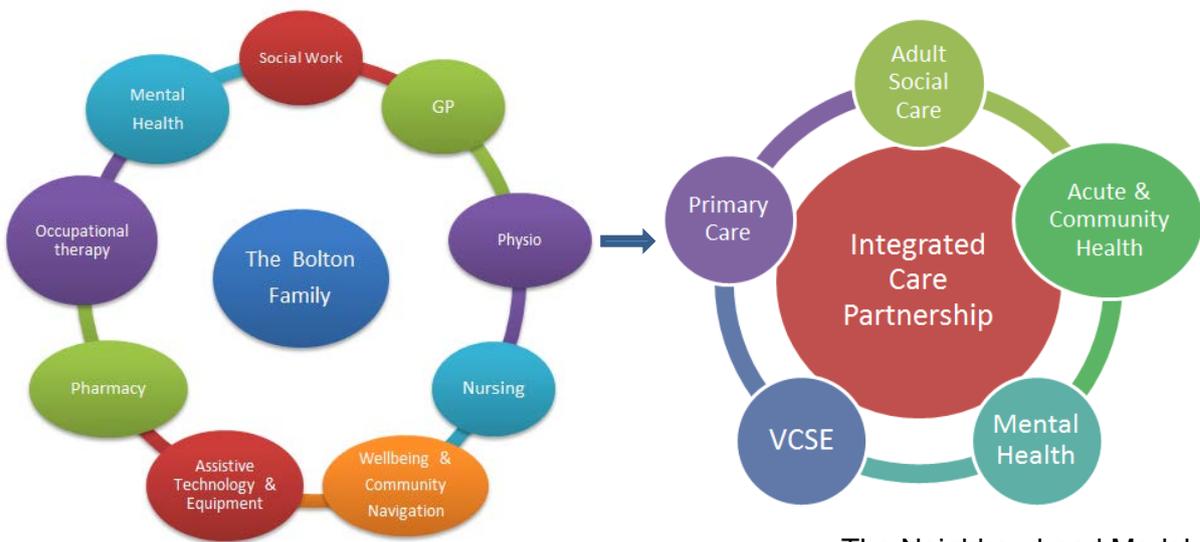
5.1 A fundamental enabler to deliver the health and social care vision is the development of an Integrated Care Partnership (ICP) where providers work together to deliver the outcomes and ambitions for the population of Bolton. An ICP will work collaboratively with commissioners to co-design new models of care and set the strategic direction and outcomes for the population.

5.2 It is recognised that the formation of an ICP requires both a top down strategic steer and bottom up innovation and design of delivery in neighbourhoods. The future form of the ICP will require strong strategic leadership to consider the options available and understand the case for change to influence the future vehicle and form of the ICP that is right for Bolton. This will consider the maturity of the partnership and core partners' infrastructure and will learn from developments regionally and nationally. The bottom up approach will build on the foundations of work to date in integrated care, and move at scale and pace to consider whole neighbourhood models of care and families as this moves forwards.

5.3 It is proposed that this would require taking a phased approach to the ICP and Neighbourhood developments in parallel to the emerging Strategic Commissioning Function and be delivered in following phases;



- 5.4 The neighbourhood model of care will prioritise its focus in 2018/19 on adults with health and/or social care needs, integrating services with a person and community centred approach. The neighbourhoods for Bolton will be designed around 30-50,000 populations and will therefore deliver in 9 neighbourhoods, bringing services together in partnership with VCSE and in future, wider public sector partners. At the core will be clinical leadership and strengths based approaches that recognise the assets that people and their communities have, moving away from condition specific approaches that is inherently passive, seeing problems to treat, to a model that ensures that people’s needs are looked at holistically.
- 5.5 The key priority design aspects for neighbourhoods in response to engagement of people with lived experience will be to improve;
- Co-ordinated access and person centred care – ‘tell my story once’
 - Holistic assessment and ‘Think Home First’, with shared care records
 - Support that is local, with choice and control for ‘just enough care’
 - Pathways for prevention and self-management
 - Access to intermediate tier and specialist care when needed
 - Upscale the use of assistive technology and community solutions
- 5.6 Work to date through GP leadership, Nesta and the review of Integrated Neighbourhoods has recognised the need to bring the following professionals together in a neighbourhood to wrap support and pathways around people, these then influence the core partnership of providers required in the Integrated Care Partnership;



The Neighbourhood Model to Integrated Care Partnership

6 The Ambition for the ICP

- 6.1 The ambition for Bolton’s Integrated Care Partnership is to bring together a partnership of providers as identified above and influenced from the emerging integration designs for neighbourhoods. It is proposed that the development of the partnership will be supported by Bolton NHS Foundation Trust as the main statutory provider within the partnership. This will bring system wide leadership to the development of the partnership and an infrastructure to support the necessary transformation needed.

6.2 The partnership's principles will be to;

- Promote prevention and independence
- Provide person centred health and care services
- Deliver more care in communities and by communities
- Support staff through new models and integrated systems and pathways
- Use pooled resources more efficiently and effectively

6.3 The ICP will be a fully integrated care system of health, social care, and third sector providers collaborating together to take control of outcomes for the population. It will consider how best to use resources effectively across the partnership and, in the future, move to integrate budgets and resources where possible to make best use of the Bolton pound. The transformation requires a number of services to come out of the hospital and to be delivered in the community, with some at a neighbourhood level and others that are more specialist to be provided at a Bolton level.

6.4 The development of the ICP will need to consider the challenges locally and nationally, and the governance will recognise the constraints of current national regulations and legislation, as well as political debates and perceptions of such ventures as Accountable Care Systems (ACO). Through its development, the ICP will need to build trust, collaboration and system leadership to oversee, design and deliver integration and transformation. It is proposed that, in its first stages, the ICP will be constituted with a partnership agreement as a Memorandum of Understanding and will not exist as a distinct legal entity, this will formalise the commitment and set out the arrangements by which the partners will work together.

6.5 The Foundation Trust will;

- Provide system leadership to bring together provider partners
- Maintain and further develop options for the partnership approach for Bolton's ICP
- Ensure the partnership is truly cross sector and maximises the opportunity for provider partners to contribute and feel valued in the partnership
- Act as conduit on behalf of the partnership developments and take lead responsibility in the day to day relationship with the SCF
- Establish and maintain the governance and support service networks that will be essential to the range of services in scope as they grow and integrate

6.6 Ultimately, it is anticipated that the ICP will develop and take responsibility for the population budget to deliver whole system outcomes and a contract that reflects this ambition. The future vehicle for delivery will need to be determined through undertaking a full appraisal of options, maturity assessment and case for change for decisions moving forwards.

6.7 In summary the key milestones to establish the ICP will be;

- The Partnership to test ways of working, but for there to be no changes to current contractual/funding or constitutional arrangements within 2018/19.
- To establish a provider partnership agreement by September, 2018.
- To complete a full appraisal of different options for future models post 2019/20, including a maturity assessment and case for change by December, 2018.

6.8 The first year's focus for the partnership will be on the following areas in developing new ways of working, and using resources effectively:

- Redesigning and implementing a neighbourhood model of care based on health and care services for adults
- Redesigning the scope of services that support admission avoidance, supported discharge and intermediate tier services including discharge to assess pathways.
- Developing primary care; including GP leadership, and enhanced primary care workforce, and a new service for extended and out of hours primary care
- Delivering a coherent population health, wellbeing and prevention programme including social prescribing, community asset building and navigation
- Increasing and investing in integrated mental health and integrated learning disability services
- Transforming the hospital services from acute focus into community

7 Summary

7.1 The key aspects as set out in this report are required to progress the integration of health and social care for commissioning and provision to improve the experience, outcomes and sustainability of the system;

- Creation of a unified single Strategic Commissioning Partnership between the Council and CCG, with new shadow governance for developing relationships, learning and decision making.
- Scoping out governance and decision making to oversee an increased financial pooled budget to be overseen by the Strategic Commissioning Function.
- Scoping and alignment of support functions for both the Strategic Commissioning Function and Integrated Care Partnership.
- Creation of a partnership of providers to be recognised as Bolton's Integrated Care Partnership to test new ways of working and build on neighbourhood models of care, and that this will be supported by Bolton NHS Foundation Trust.
- To complete a full appraisal of different options for future models and vehicle for the Integrated Care Partnership post 2019/20, including a maturity assessment and case for change for future Cabinet and Board approval.

8 Recommendations

8.1 The Council Cabinet, NHS Bolton Clinical Commissioning Board and the Board of Bolton NHS Foundation Trust, as the core statutory partners, are requested to;

- Agree the strategic approach and framework described in this report and sign up to a Memorandum of Understanding on this basis as a demonstration of their commitment.
- Agree the milestones as set out in sections 4.8 and 4.9 for the Strategic Commissioning Function and section 6.7 for the Integrated Care Partnership.
- Agree to receive further detailed updates on specific pieces of work which will underpin the implementation of the two core components to deliver an integrated health and care system.