

# Caring Together Update: Integration and New Models of Health and Social Care

**Dr Andy Hodson**, Executive Clinical Director, Brighton and Hove CCG

**Rob Persey**, Executive Director of Health and Adult Social Care Brighton and Hove City Council

**Alistair Hill**, Director of Public Health Brighton and Hove City Council

# Our Drivers for Integration of Health and Social Care



Brighton and Hove  
Clinical Commissioning Group  
Part of the Central Sussex Commissioning Alliance



- **National** steer towards local health and care systems working more closely together, with early examples of success in areas such as Manchester and Glasgow
- Joint commitment of **Brighton and Hove CCG and Local Authority** to build on existing joint working, remove organisational barriers and transform health and care together to deliver better and more joined up services for the people we serve focusing initially upon primary, community and social services for children, young people and adults.
- **Our population:** We want to see our valued public services protected, whilst improving how we access good quality care. We want to be engaged with, and participate in redesigning services that come together around individuals

## A Joint Vision

- **Refresh** our **Joint Health and Wellbeing Strategy** – a vision for 2030 to deliver improved population health and wellbeing outcomes
- **Integrate** our **Commissioning Teams** and functions, working together to design and commission **integrated health and social care services for Adults, Children and Families**
- **Engage** with our **population and partners** to design and **deliver** truly **integrated good quality care** for the people we serve

## What it will take to get there

- Integration of Health and Social Care has the potential to be one of the most important and exciting opportunities to improve health and wellbeing in the history of our city
- Together we will face many complex challenges in a dynamic and changing landscape. This includes the need to respond to increasing demand and difficult financial challenges in an ever evolving policy framework
- For us to be successful we will need to bring the best version of ourselves on this journey and collaborate to overcome organisational boundaries and cultural differences
- Most importantly, throughout this journey we must show resilience and resolve remembering at every step of the way why we are doing this: for the people we are here to serve.

## The Sussex and East Surrey Sustainability and Transformation Partnership

- 24 Stakeholders within the Sussex and East Surrey **Sustainability and Transformation Partnership (STP)**. Historically there has felt to have been a lack of trust, direction and clarity around the STP.
- New leadership in place with the appointment of Bob Alexander as Executive Chair. This is an important opportunity to reset and develop plans together, with a public voice.
- STPs are not all the same and some vary significantly in their role across the country. Our partnership represents a way for local health and care organisations to work closer together to enable services to better meet the changing needs of our populations. The STP does not have statutory duties, it is not a single plan, and it is not an Accountable Care System

# Our Journey So Far: Where We are Starting From

## The Sussex and East Surrey Sustainability and Transformation Partnership

- Matthew Swindells, NHS National Director of Operations:

*‘STPs are not the centre of gravity for everything... When we look across the best systems around the country... what we see is that they have turned the concept of the STP upside down.*

*They are starting not with a top-down bureaucracy, ‘how do I sort out the governance’... they are thinking about the local areas, neighbourhoods, networked GPs coming together to address long term conditions and care management and prevention, and delivering extended access and support for care and nursing homes, and focusing on how do we make people who work in primary care and community services’ lives better and more productive.*

*These networks are coming together at a place level – usually around the boundaries of a local authority - a footprint that makes sense to local politicians and local communities.’*

From *HSJ Online* 13<sup>th</sup> June 2018. A full transcript of this article is included within the report appendices

## The Central Sussex and East Surrey CCG Commissioning Alliance

- Brighton and Hove NHS Clinical Commissioning Group is one of 5 CCGs that have come together to form the **Central Sussex and East Surrey CCG Commissioning Alliance**.
- This brings CCGs working more closely together to bring efficiency and consistency to large programmes across the region such as acute hospital commissioning and wider health strategy. CCGs retain their local membership and governance.
- In Brighton and Hove we look forward to the CCG being a key voice in programmes across Sussex and East Surrey, whilst continuing to work in partnership with the City Council to design and deliver local health and care priorities for our residents.

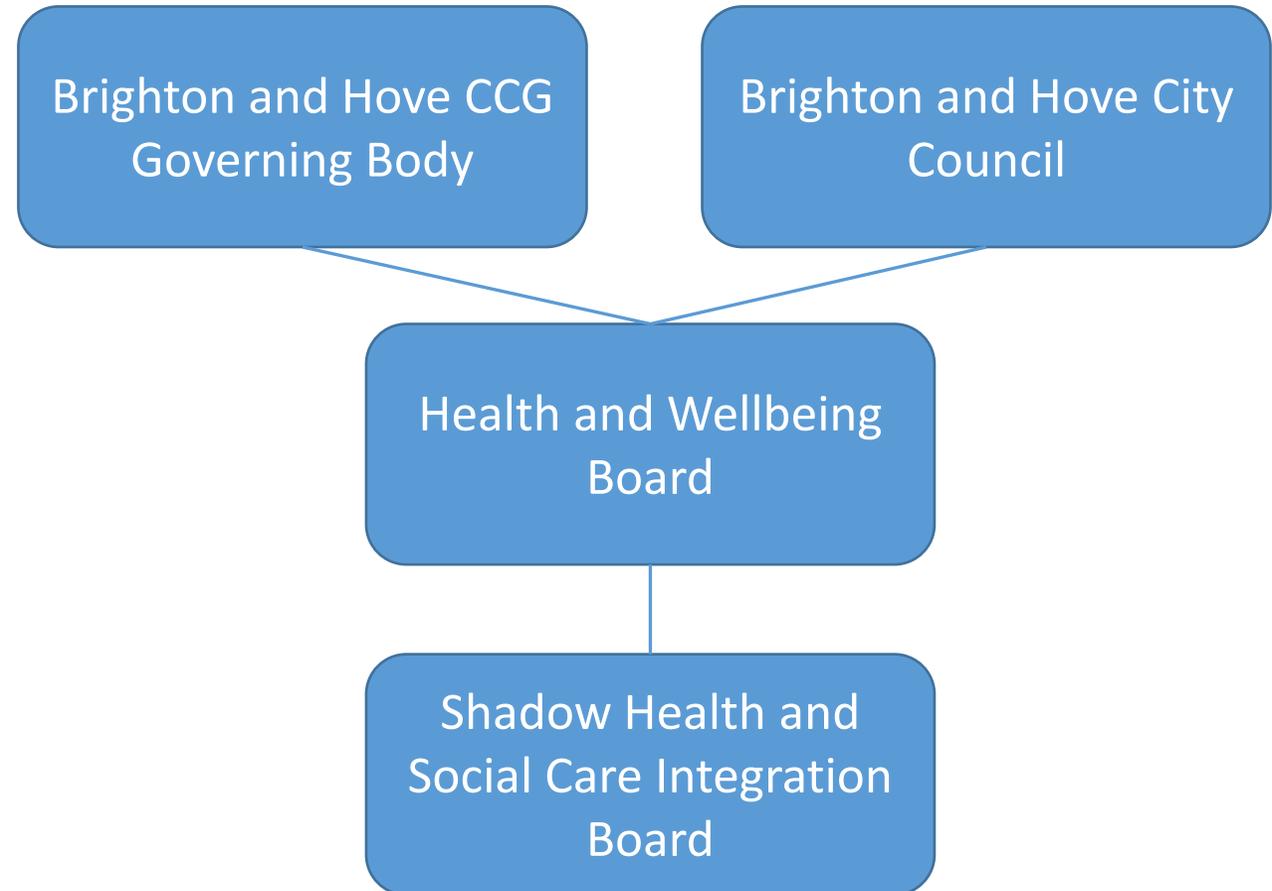
## Caring Together: Integrated Transformation

- Brighton and Hove City Council and the CCG are now 1 year in to our commitment to joint transformation through **Caring Together**, which brings **local** health and care priorities together across 5 partnership care programmes
- This includes our continued commitment to genuine and meaningful patient and public participation through **The Big Health and Care Conversation** and formal public involvement in decision making.
- Now is an important turning point where we bring integration and transformation together into one programme to deliver the Health and Wellbeing Strategy

# Integration: Beginning in Shadow

## Our Shadow Form

- We want to design and provide a democratic and clinically-led health and social care commissioning system with a preventative focus
- We will need to build on existing good practice to ensure robust governance and responsible financial accountability



# Integration: How Can We Get There?

- Working together in 2018-19 in a 'Shadow' form to build on current good practice to develop new proposals to take forward through integration
- Refresh our **Health and Wellbeing 2030 Strategy**, with whole-life measures
- Consider how we bring our own teams closer together towards building a **health and social care commissioning partnership**
- Ensure we have **robust and transparent democratic, clinical and financial governance** to develop **effective policy** and **leadership** of transformation
- Continue with our **Big Health and Care Conversation**, so that our population have meaningful opportunities to participate in designing the future of their services
- Develop a model of care that brings existing organisations together, focusing on **personalisation of care** and **improving health outcomes**

# Integration: What Could it Look Like?

- An **integrated workforce**, with a strong focus on partnerships spanning local primary, community, mental health and social care, with partnership links to secondary care
- Taking a **whole-systems approach** by linking **housing, employment, education and social welfare** with Health and Care,
- Making **accessibility, inclusion, diversity and difference** the forefront of how we provide services with equality in Brighton and Hove that our residents would be proud of.
- A combined focus on **personalisation of care** with **improvements in population health and social wellbeing outcomes**
- Aligned **clinical and financial drivers** through a unified, capitated budget with appropriate **shared risks and rewards** and
- Provision of care to a **defined, registered population** ranging from local **primary care clusters** to **city-wide working**

## Personalisation of Care and Priorities for our Population

- Emerging themes from **The Big Health and Care Conversation** so far, as well as our **public health data**, show us there are priorities emerging where integration will provide **significant and rapid benefits to our population** and **improvements in experiences** of using health and social care services. The prioritised areas are:
  - Continuing Healthcare
  - Mental Health community and crisis services
  - Community-based support for older people
  - Children, Young People and Families
  - Integrated Urgent and Primary Care
- Integration should bring organisations together to enable personalised care, with services deploying multi-disciplinary teams to wrap around patients and service users



# What do we do next?

## Key Next Steps

- Plan how we engage with our stakeholders and our residents to deliver our Health and Wellbeing Strategy for 2030
- Continue to talk with our residents about how they want to see health and care improve and how they would like it to look in the future
- Agree our early priorities for integration of services
- Continue to explore in our shadow year how to bring our teams closer together and consider how good local governance should look as we continue towards integration

