A vision for integration of health and social care in Wiltshire

National background

NHS England's Five Year Forward View has noted that:

"The traditional divide between primary care, community services, and hospitals – largely unaltered since the birth of the NHS – is increasingly a barrier to the personalised and coordinated health services patients need. And just as GPs and hospitals tend to be rigidly demarcated, so too are social care and mental health services even though people increasingly need all three.

Over the next five years and beyond the NHS will increasingly need to dissolve these traditional boundaries. Long term conditions are now a central task of the NHS; caring for these needs requires a partnership with patients over the long term rather than providing single, unconnected 'episodes' of care. There is consensus that:

- Increasingly we need to manage systems networks of care not just organisations.
- Out-of-hospital care needs to become a much larger part of what the NHS does.
- Services need to be integrated around the patient. For example a patient with cancer needs their mental health and social care coordinated around them. Patients with mental illness need their physical health addressed at the same time."

NHS England recently published "Delivering the Forward View", which asks all NHS organisations to work together across local geographies to produce Sustainability and Transformation Plans (STPs), which will cover the period to March 2021. This encourages health systems to explain how they will move towards new models of care over the next few years. STPs are an approach to delivering place-based accountable care but without organisational restructuring. The intention is that STPs cover primary, secondary and specialist healthcare together with mental health, public health and integration with social care and encourage the development of a coordinated care system, in some cases accountable care organisations (ACO) and accountable care systems (ACS).

An accountable care organisation (ACO) is a concept which emerged in the US, where the ACO agrees to take responsibility for all care for a given population for a defined period of time, under a contractual arrangement with a commissioner. This is characterised by a payment and care delivery model that ties provider reimbursements to quality and reductions in the total cost of care for an assigned population of patients. In this way ACOs are incentivised to deliver outcomes rather than activity.

Within the context of the NHS, other similar approaches are being developed to achieve similar ends. The term 'Accountable Care System' (ACS) is being used to describe new care models that bring providers together, offer more co-ordinated and patient-centred care, and incentivise outcomes rather than activity. Here, ACSs are essentially a partnership between primary, acute, community, social care and third sector providers who have agreed to take responsibility for providing all care for a given population for a defined (and long) period of time. Most importantly, the partnership is held to account for achieving a set of pre-agreed quality outcomes within a given budget.

The possibilities of this model may be significant as deeply embedded barriers and dysfunctional incentives currently in place in the NHS could be replaced by a shared set of values and a chance to build a stable set of relationships with a common set of objectives. It should incentivise providers to allocate funding to cost-effective parts of the system – shifting the focus acute to primary and community care and, in turn, to prevention and population health; whilst disinvesting in wasteful and ineffective interventions. It could also help to

eliminate the micro-management of processes of care and allow clinicians and professionals to focus on long term outcomes.

There are different degrees of formality/legally binding structures available ranging from development of a single lead organisation, to an alliance of providers in a partnership agreement to a less formal network arrangement. In all models, the need for a coherent strategic commissioning function is clear, however.

Wiltshire context

Within the Sustainability and Transformation Partnership (STP) footprint that covers Wiltshire, the STP Leadership Group have agreed that the STP plan is likely to be implemented most effectively at a local level through 3 accountable care structures: one for B&NES, one for Swindon and one for Wiltshire.

Although there are a number of strategic initiatives and concepts at play across the health and social care arena, whether it be Sustainability and Transformation Plans (STPs), the NHS Five Year Forward View (5YFV) or Accountable Care Systems/Organisations, the overarching strategic imperative in order to deliver better outcomes for our population is to better integrate health and social care services.

In Wiltshire, over the past three years we have made very significant progress in the production and mobilisation of our shared Better Care Fund (BCF) plan, the successful establishment and functioning of both Health and Wellbeing Board and the supporting Joint Commissioning Board, and the appointment of a shared Director overseeing BCF developments. We have also made strong progress in agreeing the structure and composition of a shared team with responsibility for Mental Health and Learning Disabilities.

Building on this, Wiltshire Council and Wiltshire Clinical Commissioning Group have made the commitment to further enhance their collaboration to create a sustainable health and social care system that promotes health and wellbeing and sets high service standards to achieve good outcomes for the local population. This will place prevention at the heart of our vision to increase the healthy and productive life years of people living in Wiltshire. It will be delivered through an integrated approach, based on sound evidence with a focus on population needs; better prevention, self- care, improved detection, early intervention, proactive and joined up responses to people that require care and support across organisational and geographical boundaries.

To achieve this Wiltshire Council and Wiltshire CCG have agreed to progress steps to combine leadership to;

- Align strategies and plans with an emphasis on shifting the focus from acute to primary and community care and, in turn, to prevention and population health;
- Share the risks and rewards of investment locally, moving over time to commissioning on the basis of whole population health outcomes (capitated payments) rather than a system which rewards increased contact;
- Have a shared and transparent Governance structure;
- Establish joint outcomes and evidence based provision;
- Provide a multi-skilled and joined up workforce.

This vision is fully supported by our partners in the acute and mental health sectors and Wiltshire Health and Care (which brings together the three acute hospitals to deliver community care).

The current situation whereby both the Council's Corporate Director with statutory responsibility as the Director of Adult Social Services (DASS) and the CCG Accountable Officer (AO) post are vacant, provides an opportunity for Wiltshire to take the next step on the integration journey, and appoint a single individual to fulfil both roles.

The perceived benefits of driving towards better integration of health and social care are in short to provide more efficient, effective and coherent services to our population enabled by a single source of strategic commissioning intentions. Improved outcomes should be achieved by such joint commissioning, since it would allow better cohesion and collaboration across the sector, enabling strong market management, better use of resources against local priorities and it would drive unerring focus on the right outcomes for our people, which can become obscured when services are divided on budgetary lines.

Naturally, any such arrangement would need to be properly regulated and governed, with very clear lines of accountability and authority to allow the incumbent to fulfil their statutory duties and responsibilities, to ensure due propriety and safeguard each organisation (and the incumbent) from accusations of any improper interventions. The experience from elsewhere in the country is that this is achievable, although a detailed agreement is vital as an operating framework, as is acceptance and understanding of the functions and lines of accountability. It is particularly important to note that agreement to appoint a joint Council DASS/CCG AO would not alter or change the statutory obligations or imperative to deliver for either the Council or the CCG. Organisational independence would remain for all statutory functions, and the shared management resource would be required to service obligations within each of the partner organisations, and in effect answer to more than one Board, depending on the subject matter at hand.

Within Wiltshire Council, the role of Corporate Director, jointly with the other three CDs and the statutory functions of DASS:

- Overarching Corporate Strategy
- Council communication
- Council Financials
- Transformation Programmes such as ASC, Public health
- Operational Planning
- Commissioning for adult care, mental health and learning difficulties
- Older Persons Service including Assessment & Support teams, Sensory Impairment, Physical Disability
- Social Work / OT field work
- Learning Disabilities
- Adult Safeguarding & Professional Standards
- Residential Services
- Adult Mental Health
- Independent Wellbeing
- Carers

It is envisaged that the joint post holder would retain over-arching responsibilities within the CCG for:

- Overarching Strategy
- CCG Financials
- Transformation Programmes such as STP
- Operational Planning
- Commissioning for planned care, urgent care, primary care; mental health & LD services, children, continuing healthcare, and community/out of hospital care
- Health system performance management and assurance
- Quality, Safety and Safeguarding
- Emergency Planning
- Communications & Engagement
- Patient and Public Engagement

Before an appointment to a joint post is made steps will be taken to develop and finalise all the necessary governance and framework agreements.