

REPORT TO:	HEALTH & WELLBEING BOARD (CROYDON) 11 September 2013
AGENDA ITEM:	13
SUBJECT:	Expression of interest from Croydon Partnership (Pioneer Status)
BOARD SPONSORS:	Hannah Miller, Executive Director of Adult Services, Health & Housing Paula Swann, Chief Officer, NHS Croydon Clinical Commissioning Group
CORPORATE PRIORITY/POLICY CONTEXT: This report is for information only	

1. RECOMMENDATIONS

- 1.1 The Health & Wellbeing Board is asked to note the contents of the report. Any questions should be directed to the report author outside of the meeting.

2 EXECUTIVE SUMMARY

- 2.1 The Department of Health (DoH) invited local areas to express an interest in becoming 'pioneers', demonstrating the use of ambitious and innovative approaches to delivering integrated health and social care. In return the DoH will provide tailored support to pioneers. Results will be released September 2013.
- 2.2 This report outlines the Croydon bid for Pioneer status which builds upon the work that the Strategic Transformation Partnership is already beginning to develop the backdrop for the bid and the strategy of the partnership is as follows:
- The latest projections suggest the number of people aged over 85 will increase by two thirds by 2029 and it is expected that many more people will be living with long term health conditions in the future.
 - Croydon CCG's agreed financial strategy is to deliver a £30m savings programme over the next three years (2013/14 - £14m, 2014/15 - £10m and 2015/16 - £6m) to improve significantly the CCG's financial position by the end of 2015/16. Croydon Council is also expecting to manage a funding reduction of 26% over a four year period.
- 2.3 The bid outlines how Croydon Council and the CCG have been working, together with their partners on the Strategic Transformation Board to integrate and transform services and pathways in innovative ways to meet the growing need. Ensuring a comprehensive delivery model of personalised and coordinated care and support provided in Croydon.

- 2.4 If Croydon is awarded Pioneer status it will support the partnership, in addressing Health and Social Care challenges through developing an infrastructure for adult community services that integrates commissioning, procurement and access to safe, quality services which avoid all forms of institutional admissions.
- 2.5 The bid focuses on three key areas of transformation that will embed a culture of integration supported by sound infrastructure. These elements are described in detail in the sections below.

3 The Integrated Commissioning Unit (ICU)

3.1 The development of an Integrated Commissioning Unit (ICU), by the Council and the CCG, will support the move to a whole systems approach, reducing the pathways into accessing health and social care services. There is no doubt that an integrated health and social care commissioning unit will have the scope to improve service performance, stop service duplication and improve standards. Additionally, it will increase co-ordination between primary care teams and specialists and between health and social care.

3.2 The proposal, and Pioneer status, will help to tackle the barriers around integrated commissioning and act as a catalyst for CCG and Council to integrate its activities and combining the best of both resources from Health and Social care in the following areas:

- information analysis and population needs assessments;
- market analysis;
- service specification;
- provider engagement
- patient service experience;
- tendering / a process of selection of suitable providers;
- development and mobilisation of contracts;
- monitoring of service quality and efficacy;
- management and control of budgets and evaluation;
- cataloguing all contracts and funding streams across health, social care and public health;
- personalisation;
- IT systems.

4 Integrated framework agreement

4.1 Designing, procuring and delivering integrated services forms the second part of the bid for Pioneer status. The new approach being adopted by Croydon will involve an integrated framework agreement across care client groups that will deliver:

- Greater choice for those individuals that require commissioned services;
- A person centred, co-ordinated and an integrated approach across social care, health and housing;
- An approach that uses outcomes to define the services that are delivered to and around the individual (as opposed to hours);
- The use of Personal Budgets and Personal Health Budgets

The framework agreement will be divided into 'lots' to facilitate the 'call off' of services

- **Housing support** (aiming to keep people at home, avoid homelessness and the health and social impact this brings);
- **Integrated care and support** (designed to be enabling and supports people with both housing and social care needs);
- **Personal care** (supporting people to be as independent as they can around toileting, healthy eating, washing and dressing for example);
- **Continuing care** (preventing people from being re-admitted to hospital by providing care in the community);
- **Integrated social care and health provision** (especially designed to support early discharge, prevention of admission, improved access to reablement and rehabilitation services and to provide medical and social intervention at the most appropriate time for the person).

5 The integrated Single Point of Assessment

- 5.1 The bid also included planned work regarding the integrated Single Point of Assessment service will operate 24 hours, 7 days a week. The service will provide a triage service whereby GPs and other practitioners can speak with an experienced community nurse who will advise on community service options or refer the client to the appropriate health team or for a community care assessment, as appropriate, to ensure the client receives the right support whilst avoiding unnecessary A&E attendances.
- 5.2 People that require immediate interventions will be referred by the triage nurse to Croydon's new Rapid Response Service. The service will allow all clients who need an urgent response to be seen within 2 hours and multi-disciplinary community services provided as needed thus giving primary care clinicians the confidence to avoid a hospital admission. The Rapid Response service model will be staffed by nurses, physiotherapists, occupational therapists, social workers, mental health specialists, pharmacy, re-ablement workers and support workers. Services will be provided in the person's own home wherever possible, or in intermediate care beds, with the rapid response team working closely with community health and social care services.

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BACKGROUND DOCUMENTS