

DEVELOPING AN INTEGRATED SYSTEM FOR CAMBRIDGESHIRE TO IMPROVE OUTCOMES FOR OLDER PEOPLE

To: **Adults Committee**

Meeting Date: **4 December 2014**

From: **Adrian Loades, Executive Director: Children, Families and Adults Services**

Electoral division(s): **All**

Forward Plan ref: **Key decision: No**

Purpose: **Adults Committee is asked:**

- a) **To consider and endorse the 10 key features of an integrated system to improve outcomes for older people, set out in section 2.2 of this report.**
- b) **To advise as to the most effective way to involve the Adults Committee and members as work is started with the Cambridgeshire Executive Partnership Board (CEPB) to move from agreement to implementation of an integrated system across Cambridgeshire to improve outcomes for older people.**

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1.0 BACKGROUND

- 1.1 The purpose of this paper is to provide a summary of conversations that have taken place across the public, voluntary and community sector in Cambridgeshire over the last 12 months about how we might work together to develop a more integrated system to improve outcomes for older people. This paper builds on the joint Older People's Strategy that was recently agreed by the Adults Committee. It will form the basis for developing a joint programme plan for the Cambridgeshire Executive Partnership Board (CEPB) and with the new NHS provider, Uniting Care Partnership (UCP).
- 1.2 There have been a number of significant strategic developments recently with linked objectives, which need to be brought together in one place and converted into a set of practical proposals for implementation, with a view to moving from theory to practice.
- 1.3 These include:
- The joint Older People Strategy which has been developed in a collaborative way across key partner organisations. This is a high level document which sets out a set of broad aspirations and an ethos, with an increased focus on prevention and integration.
 - The Better Care Fund work, which generated a series of ideas in its early stages, which will not be implemented through the allocation of any additional money but which need to be considered as a source of intelligence about areas for service transformation.
 - The appointment of Uniting Care Partnership as the Clinical Commissioning Group's (CCG) preferred bidder to provide services for older people and people with long term conditions.
 - Transforming Lives - Proposals for the County Council's reform of Adult Social Care, which focus on the need to provide more prior support in the community to older people, to prevent them reaching crisis and needing statutory or specialist support, and the Care Act.
 - Rewiring Cambridgeshire - A joint initiative across statutory services in Cambridgeshire to explore ways in improved outcomes and efficiencies could be delivered through the development of more joint working that transcends organisational boundaries, and has recently resulted in an Integrated Transformation Fund (ITF) bid for additional funding for multidisciplinary team (MDT) working.

2.0 MAIN ISSUES

2.1 A system based approach to improving outcomes for older people

- 2.1.1 As set out in the joint Older People's Strategy, there is a need to develop a system based approach, which goes beyond the traditional ways of developing integrated services through structural change or transferring staff between organisations. This system would be based on an approach that recognises that different levels of need require different levels of support, recognising the diversity of the over 65 population, many of whom have very limited contact with specialist or acute health and social care services, and no desire to do so. This

approach is set out in the Older People's Strategy and is often described as a 'tiered approach' like the Model of Staged Intervention (MOSI) that has been developed for children and young people.

- 2.1.2 It is essential that when we think about how to improve outcomes for older people, we start from the perspective of the individual, family and community, rather than the perspective of organisational boundaries and specialist services. This perspective is often overlooked.

2.2 Key features of an integrated system to improve outcomes for older people - the beginnings of an operational model

- 2.2.1 In Cambridgeshire, there is a long record of work to develop integrated services for older people. Considerable efforts have been made over the years to achieve integration, through pooled budgets and transfer of staff to lead organisations. In addition, organisations across Cambridgeshire have over several years been developing integrated services for children, young people and families, including work on 'high demand or troubled families' so there is plenty of experience to draw on.
- 2.2.2 It is important to recognise the diverse range of organisations that impact on outcomes for older people and the critical role for District and City Councils, housing providers, the voluntary and community sector and the high level of support provided by the independent sector. This diversity and local experience suggests that developing an approach to the development of an integrated system through 'functional integration', rather than through creating single organisational structures or one single pooled budget is the way forward. 'Functional integration' means that integration is achieved by changing the way in which people work together and the methods they use.
- 2.2.3 Since the transfer of older people's social care services from Cambridgeshire Community Services (CCS) and the establishment of the Council's Directorate for Older People's Services and Mental Health in October 2014, there has been ongoing discussion, planning and collaboration between the Council and NHS, District and Voluntary and Community Sector (VCS) partners to develop thinking and proposals about what this might mean in practice.
- 2.2.4 The following ideas have emerged through the development of the Older People's Strategy about what the key features of an integrated system could be. This paper converts the higher level aspirations into more practical proposals. Many of the proposals reflect work that is already taking place across the County, but in a partial way and not as an explicit part of an integrated system. These have been discussed at the CEPB and with UCP and been fully supported in principle.

a) A series of community based planned programmes and support that helps people to age healthily

This would include specific and planned evidence based public health programmes taking place across the local community, to prevent falls, promote physical activity and promote mental health and emotional wellbeing, drawn from Joint Strategic Needs Assessments (JSNAs). These programmes would be delivered jointly by Cambridgeshire Executive Partnership Board (CEPB) and Public Service Board (PSB) partners, but could also be developed and led by local communities without statutory

involvement.

For example, discussions are currently underway with Cambridgeshire Fire and Rescue about work they could do to carry out safety checks in homes, and with County Council Libraries to develop their role as hubs for older people, seeing libraries as assets that can be used flexibly to help prevent loneliness and isolation.

b) A recognised set of triggers of vulnerability which generate a planned response across the system

As part of the business planning process, work has been carried out to identify what the key factors are that can lead to an older person requiring social care and are described as triggers. It is proposed that organisations could work together better to both identify and respond to the key triggers which indicate that the vulnerability of a person is about to increase. There is clear evidence about what these triggers might be. The more formal medical type triggers such as falls, continence, malnutrition and mental health could be complemented by other signs that partners would be able to identify, e.g. someone asking for assistance with their wheelie bin, a request for a personal alarm/life line, a concern raised when a housing provider carries out a routine visit, a death is registered or a blue badge is requested. It will be important for consent to be sought for information sharing across organisations and clear explanations given about the potential benefits of providing consent.

Cambridgeshire benefits from a diverse and well established voluntary and community sector ranging from volunteer based organisations to organisations such as Care Network, Carers Trust and Age UK that provide direct services, some of which are commissioned by the County Council, District Councils and the NHS. These services already play a key role and could become a more explicit part of this planned system to prevent the need for involvement by specialist or statutory services. It is important to recognise how much of this happens already.

c) A universal network helping older people and their families to find high quality information and advice

The development of a high quality source of advice and information for older people and their carers and families that is not based on organisational boundaries. The way in which this information is delivered would need to include a single, system wide, website as well as a range of other information sources that do not rely on use of information technology. The County Council has an established communication and information project which has started this work and has asked the CEPB for full endorsement and commitment of key staff from partner organisations to make this a fully integrated system that covers all the information needs that an older person and their family and carers might have.

d) An aligned set of outcomes

A clear set of outcomes and performance indicators for older people that all CEPB organisations are working together to deliver against. This would need to build on the County Council's existing key performance indicators, the CCG's new outcomes framework for UCPs delivery of the CCGs

contract for services for older people and long term conditions.

e) An integrated 'front door' with an agreed principle of 'no wrong door'

The term 'front door' is often used to describe the first contact that an older person, or any other service user including carers, has with the County Council. Work needs to take place to agree how we can develop an integrated 'front door' for older people and their carers who don't have a clear point of contact or lead professional, but should not have to differentiate between whether their needs are health, housing, social care or a combination of these to access help. This could be based upon co-located staff or named links to, for example, the District Council, housing providers, voluntary sector and the voluntary sector.

In addition a key feature of an integrated system would be the principle of 'no wrong door' approach, recognising that support will be accessed via a wide variety of routes. An integrated system would need to be able to help older people and their partners to navigate their way through the system rather than just pass on to another team, service or organisation.

f) Shared assessment process, information sharing between health, social care and other key partners

There may be a point at which a detailed specialist or statutory assessment is needed. Prior to that there needs to be a single assessment process which would enable all organisations supporting an older person to work together to identify the priority need for someone who may present as vulnerable or frail. This would take place without them being drawn into the statutory assessment process. This would require a consent based approach along similar lines to the Common Assessment Framework (CAF) for children.

g) A shared tool that describes levels of vulnerability

A shared tool, like the Model of Staged Intervention used with children and young people that will be used by all professionals and providers working with an older person. This tool would be used to describe level of need and risk and be used as a basis for Multidisciplinary Team (MDT) decision making. Some work has already been carried out to bring together existing tools that are used in the voluntary and community sector and in the acute sector (Rockwood Frailty Index) and by primary care based Multidisciplinary Teams. This could also be used to inform multi agency commissioning and decisions about how resources are allocated.

h) Multidisciplinary team approach (MDT)

The CCG has recently piloted an approach of employing Multi-Disciplinary Team Coordinators linked to a group of GP practices, working to identify their patients who are vulnerable or at risk of becoming frail or needing high cost services. The County Council is piloting different ways of involving social care staff in those teams. Building on the learning from these pilots and exploring how the MDT approach could develop to include wider cohort of patients. The development of a shared record and identification of a lead professional would also be critical to the success of multidisciplinary working.

The MDT approach would include an expectation of multidisciplinary working between individual staff or practitioners from a range of organisations, working on the model of the 'team around the person' which can be formally escalated to a multidisciplinary team linked to a GP practice if needed. Lower risk would require a lower level intervention that would be taking place in the community and involve a range of partners in the voluntary and statutory sector.

i) Co-located staff

There is good evidence that locating those staff from different professional backgrounds who support a very similar group of people, in the same building can result in a significant improvement in integrated practice. Where possible, staff would be co-located or able to share working space in a variety of settings. As partner organisations move toward more mobile working and reduced office space, there will need to be a better join up in relation to planning use of estates to achieve functional integration. In addition it will be important to make use of existing assets such as libraries and other community buildings to act as a point of information and advice.

j) Joint commissioning and aligned financial incentives

There are a number of areas where we think there would be benefit in more joint commissioning by CEPB organisations who may be dealing with the same organisations. For example contracts with the voluntary and community sector and the independent sector. This would be part of work to ensure that wherever possible partner organisations are using the resources they have available to deliver on the agreed set of outcomes.

3.0 ALIGNMENT WITH CORPORATE PRIORITIES

This proposal aligns well with Corporate priority relating to the support and protection of vulnerable people.

3.1 Developing the local economy for the benefit of all

3.1.1 There are no significant implications for this priority.

3.2 Helping people live healthy and independent lives

3.2.1 The proposals in this paper are intended to increase the way in which the County Council and partners work together to increase independence and improve health for older people.

3.3 Supporting and protecting vulnerable people

3.3.1 The proposals in this paper are intended to strengthen the way in which the County Council support and protects older people and their carers.

4.0 SIGNIFICANT IMPLICATIONS

There are no further significant implications.

4.1 Resource Implications

- 4.1.1 The following bullet points set out details of significant implications identified by officers:
- These proposals will impact on the Council's ability to improve outcomes for older people.
 - These proposals cannot be delivered without the full collaboration of partners and the Uniting Care Partnership in particular.

4.2 Statutory, Risk and Legal Implications

- 4.2.1 The recently published Care Act includes a number of new requirements to be delivered by Councils and the implementation of the proposals in this paper will make a significant contribution to implementing the Care Act.

4.3 Equality and Diversity Implications

- 4.3.1 There are no significant equality and diversity implications.

4.4 Engagement and Consultation Implications

- 4.4.1 It will be important to consult service users and their carers about the detail of these proposals as the Council develops plans for implementation. This would need to be a collaborative approach with the partners that make up the Cambridgeshire Executive Partnership Board.

4.5 Public Health Implications

- 4.5.1 The proposals in this paper would result in a more explicit approach to promoting the health of older people.

4.6 Localism and Local Member Involvement

- 4.6.2 The expectation is that these proposals would be implemented in a way that is responsive to local need and circumstances.

SOURCE DOCUMENTS GUIDANCE

It is a legal requirement for the following box to be completed by the report author.

Source Documents	Location
None	.