

**PUBLIC SERVICE REFORM: HEALTH & SOCIAL CARE PROPOSAL**

*To:* Health and Wellbeing Board

*Meeting Date:* 22nd November 2018

*From:* Paul Raynes  
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*Recommendations:* The Health and Wellbeing Board is asked to:

- a) note the reasoning behind and remit for the work led by the Combined Authority.
- b) note the progress made to date by the partners working together on a draft proposition.
- c) comment on future involvement with the project.

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## 1 PURPOSE

- 1.1 The purpose of this paper is to link members of the Health and Wellbeing Board to the Health and Social Care Proposal being developed by key partners in Cambridgeshire and Peterborough; to seek views on the topic and prompt discussion on future involvement.

## 2 BACKGROUND

- 2.1 Public Service Reform is a Cambridgeshire and Peterborough devolution deal commitment; the deal clearly signalled the intention for local partners to explore new models of public service delivery. Combined Authority partners have a unique opportunity to transform public service delivery to be much more seamless, responsive to local need, more sustainable and capable of delivering shared outcomes for citizens of Cambridgeshire and Peterborough. The recent report of the Cambridgeshire and Peterborough Independent Economic Commission has also highlighted the importance of improving the integration of health and care in our area.
- 2.2 In developing the devolution deal the partners identified, and have been taking action focused on, a number of priorities (Appendix A), including *'Moving progressively toward integrated health and social care to improve outcomes for residents and reduce pressure on A&E and avoidable admissions.'*
- 2.3 This priority has determined the first area of focus for the public service reform programme; Health and Social Care. The Combined Authority, working with its partners, is developing a compelling proposal to secure government funding for an innovative, systemic solution for health and social care (including, as appropriate, upfront funding to enable reform).
- 2.4 In undertaking this work, our fundamental objective is to improve the health, wellbeing and quality of life for every community and individual in every part of Cambridgeshire and Peterborough. Our agreed key guiding principles are:
- People-based with holistic care as the goal - putting more choice and more independence directly into the hands of individuals and communities;
  - Place-based with easy access to intermediate care;
  - Increased focus on early intervention, prevention and managing demand;
  - Making best use of community assets.
- 2.5 This work is building on a strong legacy of collaboration which is well known to the Health and Wellbeing Board; there is a raft of partnership work relating to the priorities set out in the first devolution deal already in place, for example Sustainability and Transformation Plans, public health led work with deprived areas and work to reinvent offender pathways. Cambridgeshire County Council and Peterborough City Council continue to invest in Adults' and Children's health and social care transformation programmes.
- 2.6 The project team is led by the Cambridgeshire and Peterborough Combined Authority and supported by ResPublica, an organisation with experience of working on and delivering devolution bids, including in the Health and Social Care sector. It includes representatives from the local NHS economy including the STP, and the two social services authorities.

### **3. MAIN ISSUES**

- 3.1 The Combined Authority partners are using the evidence and proposals arising from these existing transformation projects alongside the evidence from other initiatives, such as the Economic Commission and Local Industrial Strategy, to make the case for further transfer of health and social care resources, powers and accountability to Cambridgeshire and Peterborough. This also reflects the learning from the Greater Manchester health devolution deal and other national / international best practice.
- 3.2 We are aware that any case for devolution, including funding for transformation, will be supported only if initial investment will enable further stages of transformation which will in turn release funding for preventative measures and wider public health initiatives. In other words, investment will need to pay back for partners in the short term (to address critical health and social care needs and funding issues) in order to invest in the longer term (focussing on prevention and wider public health priorities to reduce likely future demand).
- 3.3 To support this case the team is also assembling new evidence to ensure the case made is compelling and focussed on areas where most benefit can be achieved. Using data and information from our partners and national data sets, we have assessed potential benefits which could be achieved by making changes in primary care (prescribing costs), addressing delayed transfer of care (DTC) and staffing.
- 3.4 Project partners and wider stakeholders have contributed data, views, experiences and ideas, and while engagement with stakeholders is ongoing, the team is now drafting the emerging proposition with a view to agreeing principles for a proposal by the end of the calendar year.
- 3.5 Subject to progress with partnership work and possible Ministerial support, further work in 2019 will be required to plan out the detail of funding and organisational arrangements to deliver required changes in order to secure a devolution deal.
- 3.6 Continued close partnership working on the emerging proposal and future actions will be necessary for all benefits to be realised for our common aims. As a statutory body with clear remit in this area the views of the Health and Wellbeing Board on how this would best be taken forward would be very welcome.

### **4 ALIGNMENT WITH THE CAMBRIDGESHIRE HEALTH AND WELLBEING STRATEGY**

- 4.1 The Health and Social Care Proposal is relevant to priorities 1, 2, 3, 4, and 6 of the Health and Wellbeing Strategy:
- Priority 1: Ensure a positive start to life for children, young people and their families.
  - Priority 2: Support older people to be independent, safe and well.

- Priority 3: Encourage healthy lifestyles and behaviours in all actions and activities while respecting people’s personal choices.
- Priority 4: Create a safe environment and help to build strong communities, wellbeing and mental health.
- Priority 5: Create a sustainable environment in which communities can flourish.
- Priority 6: Work together effectively.

## 5 SOURCES

Source Documents	Location
Cambridgeshire and Peterborough Devolution Deal	<a href="https://www.gov.uk/government/publications/cambridgeshire-and-peterborough-devolution-deal">https://www.gov.uk/government/publications/cambridgeshire-and-peterborough-devolution-deal</a>

## APPENDIX A

In developing the devolution, the partners identified and have been taking action focused on a number of priorities:

- a) Working with relevant central and local statutory and non-statutory partners to explore innovative and integrated approaches to redesign sustainable public services with a focus on prevention and helping people and communities become more resilient (Para 62).
- b) Tackling areas of deprivation considering the actions to re-shape people's economic, social and environmental conditions at each stage in their life to improve their wellbeing, quality of life and promote inclusive growth (Para 62).
- c) Reflecting the impact of that planned investment will have on the demand for and delivery of public services, for example the impact of delivering 100,000 new homes (Para 18).
- d) Moving progressively toward integrated health and social care to improve outcomes for residents and reduce pressure on A&E and avoidable admissions (Para 66).
- e) Exploring how to integrate responses to address the root causes of vulnerability (Para 69).
- f) Developing integrated pathways of service delivery to address causes of offending behaviour early and creating a more integrated approach to criminal justice (Para 70).
- g) Ensuring that proposed operational delivery solutions consider the optimum target operating model, independent of existing organisational boundaries.