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Shared principles for redesigning the local health and care landscape

Introduction and rationale

There is widespread consensus on the need to redesign the health and care landscape to meet growing demographic and financial challenges. The benefits of integrated care, with more emphasis on prevention include improvements in service quality and patient experiences and satisfaction.

A number of key policy documents have highlighted the pressing need to shift the focus from hospital treatment to community based care and support.

The 2015 Challenge Partnership[1] of 23 national organisations representing health and care charities, local government, communities, staff and leaders set out a vision for a future health and care system, adequately resourced, integrated and with a focus on prevention. The Five Year Forward View[2] developed by NHS England, Public Health England, Monitor, The Trust Development Agency, Health Education England and the Care Quality Commission, emphasised the compelling need to transform services and increase public health and prevention strategies.

It outlines five new models of care that will integrate community and acute services, health and social care to provide more effective and sustainable services, closer to the community and more effective in meeting the needs of a changing population. 'Distinctive, Valued, Personal'[3] then set out distinct priorities for social care, 'We want to see a system that is protected, aligned, and re-designed', priorities relating to funding, quality, service models, workforce and local accountability.

The Better Care Fund has significantly escalated the scale and pace of local integration initiatives by redirecting existing NHS and local government resources into integrated information, commissioning and the delivery of health and social care. The aims of the Better Care Fund are not new; what is new is the growing imperative to use funding across the care and health system to drive a greater investment in prevention services and support that focus on people's health and wellbeing at home and reduce hospital admissions.

The design of new models of integrated care and support will inevitably lead to changes in how and where services are provided. Health and wellbeing boards and the political, clinical, professional and community leaders of whom they are comprised, will need to have honest conversations with all local stakeholders – patients, carers, citizens and providers – on how greater integration will affect local services. Increasing investment in community-based interventions, prevention, social support and primary care will have an impact on existing NHS and social care providers.

In 'Investing in our Nation's Future: First 100 Days of the New Government'[4], the LGA called for all local system leaders to promote shared principles or key tests for health and social care redesign to support local consultation.

1 Challenge Partnership, NHS Confederation, February 2015. http://www.nhsconfed.org/health-topics/the-future-health-care-system/2015-challenge/the-2015-challenge-partners

2 Five Year Forward Plan, NHS, November 2014. http://www.england.nhs.uk/ourwork/futurenhs/

3 Distinctive, Valued, Personal: Why social care matters, ADASS, March 2015. http://www.adass.org.uk/adass-paper-distinctive-valued-personal-why-social-care-matters/

4 Investing in our Nation's Future: First 100 Days of the New Government, LGA, July 2014. http://www.local.gov.uk/documents/10180/6341755/LGA+Campaign+2014+-+100+Days/8255560f-7c96-432f-bbfe-514d3734a204

Purpose and summary

Purpose of shared principles

This document builds on previous work by NHS England's Planning and Delivering Service Changes for Patients[5] which offered good practice guidance to health commissioners on developing proposals for major service changes and configuration.

Our five key principles are for use by the whole system. It aims to provide local system leaders – local authorities, health and wellbeing boards, clinical commissioning groups, NHS and care providers and patients and the public – with shared principles to ensure that service redesign meet a number of fundamental requirements to assure themselves, their partners and their communities that proposals are focused on improving services and health and wellbeing outcomes. It also emphasises the need to co-create and co-design new services in partnership with local service users and the community.

The shared principles in summary

The principles are intended to provide a consistent and rational framework within which to test that proposals are person-centred, locally appropriate, evidence based and focused on whole-system effectiveness. Fundamentally, they aim to provide answers to the following questions.

Do the proposals promote a person-centred approach?

To what extent are they rooted in local accountability?

Are they evidence-based?

Do they support a community budgeting, place-based approach?

Will they make a difference?

5 Planning and Delivering Service Changes, NHS England 2013. http://www.england.nhs.uk/wp-content/uploads/2013/12/plan-del-serv-chge1.pdf

Five shared principles in detail

1. Do the proposals promote a person centred approach?

Do they ensure that care is planned with individuals, to put them (and their carers) in control and deliver the best outcomes?

Are they focused around people's needs and likely to achieve the desired outcome?

To what extent do they ensure that services and planning address all the needs and aspirations of individuals?

Do the proposals ensure that systems and support are in place for individuals to receive help at an early stage to avoid unplanned admissions?

Will they provide individuals with one point of contact who helps them get services and help in a coordinated way?

Will they ensure that individuals have the right information at the right time in order to make the right decisions?

Will they ensure that all individuals have a single agreed plan, which is regularly reviewed?

Do they ensure that systems are in place for individuals to get help at an early stage to avoid emergency interventions?

Will the proposals meet the equality duty and provide integrated personalised care for hard to reach groups?

2. To what extent are they rooted in local accountability?

Does the public understand and support the vision for the service redesign and the case for change? Do they have a clear idea of how the changes address local priorities and achieve better health outcomes?

Has community and patient engagement been built into all stages of the redesign process?

Have the proposals been co-designed and co-created with existing users and potential users of services, their carers and others that could benefit from their services? To what extent have the plans changed as a result of engagement with service users? To what extent is there accountability to local elected representatives, through the health and wellbeing board and the overview and scrutiny committee?

To what extent do the proposals ensure shared system-wide accountability to the clinical commissioning group, council, relevant overview and scrutiny committee(s), health and wellbeing board, and boards of provider trusts?

Will there be opportunities for patients, service users, their carers and the public to design and shape the development of commissioning plans and services?

How will you demonstrate to patients and the community that their views and needs have influenced the proposals? Is feedback built into the process of change in order to ensure contributors to consultation receive updates on the proposals and their implementation?

3. Are the proposals evidence based?

To what extent do the proposals draw on evidence of the joint strategic needs assessment regarding the key health and wellbeing challenges facing the local system now and in the future?

To what extent do the proposals meet the shared objectives and priorities set out in the joint health and wellbeing strategy?

Do the proposals draw on evidence from existing local services and commissioning plans on effective practice?

Do they build on and adapt existing national evidence, regulations and good practice from the UK and elsewhere?

To what extent do they draw on the existing public health, clinical and social care evidence base?

To what extent do the proposals draw on evidence from people with lived experience and service users?

To what extent do the proposals draw on evidence from health and social care scrutiny, councillors and the voluntary and community sector?

To what extent does the evidence suggest that the proposals represent value for money?

4. Do the proposals promote a place-based community budgeting approach?

To what extent are the proposals based on a shared system-wide understanding of the key health and wellbeing challenges?

Do the proposals draw on and extend existing place-based commissioning and provision?

Do the proposals maximise resource pooling towards addressing shared objectives?

Do the proposals effectively align existing plans, draw on a common performance indicator set and use shared financial modelling and assumptions?

To what extent will the proposals reduce duplication, address gaps in services and access to services? Do the proposals maximise the pooling of resources?

Do the proposals promote a shared understanding between partners of the reform agenda and promote a shared local vision for meeting future challenges?

Have the joint commissioners provided a map of system-wide change and the ambition for the area's health and social care integration?

How is place defined? How well is the Joint Strategic Needs Assessment reflecting the geographical and demographic differences within the local authority area? How do we reconcile conflicting or different needs across the local authority area?

5. Will they make a difference?

How will you know that the proposals have made a difference? Is there a monitoring and evaluation framework written in to the proposals? What are your timescales and key checkpoints for evaluation along the way?

To what extent do the changes support a preventative approach (as described in the Care Act)?

To what extent will the proposals improve users' experience of health and social care services?

How will the impact of the changes be measured, based on the experience of service users and the community?

To what extent will the proposals improve population health and reduce health inequalities?

To what extent will they reduce demand for hospital admission and residential services?

How will the proposals improve service quality?

To what extent will the proposals improve the safety of patients, staff and the community?

To what extent will the proposals have an impact on cost and productivity?

Do the proposals include high impact interventions? If so, is there a system-wide understanding of how the impact will be experienced, and by which services and service users?

How will you identify and mitigate risks across the system and to individual sectors and organisations?

Local Government Association
Local Government House
Smith Square
London SW1P 3HZ

Telephone 020 7664 3000
Fax 020 7664 3030
Email info@local.gov.uk
www.local.gov.uk

For a copy in Braille, larger print or audio,
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