

Health and Care Recovery and Transformation – Overview

Health Scrutiny Meeting
24th September 2020

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The Refreshed Bury Locality Plan for Health and Care Reform (2019-2024) said....

- There has been some good progress in transforming health and care services in previous years in Bury
- But an un-transformed health and care system is projecting a financial deficit of **£86m** by 2024 due to anticipated growth in demand
- Recently life expectancy and health life expectancy improvements have stalled, and the inequality in outcomes remains stark
- Work was required therefore to:
 - significantly improve population health and tackle health inequalities,
 - to support people to take charge of their health and care and lives
 - to have access to integrated out of hospital services that promote independence, prevention of poor health, and early intervention
 - To access good quality hospital services where required
 - To reduce dependence on institutional care – hospitals and care homes.

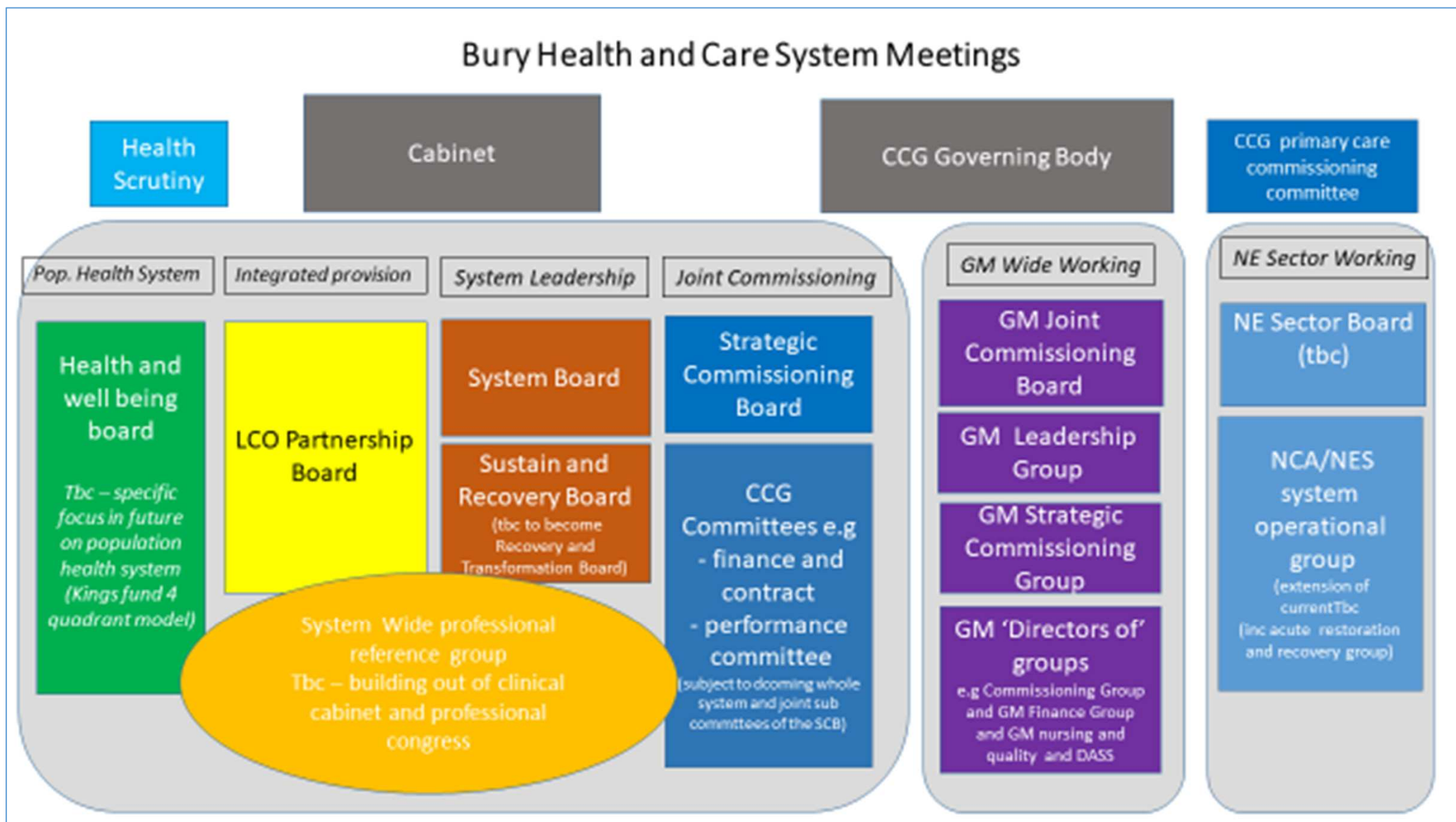
This requires a whole system approach..

- Because the health and care system is unaffordable unless we significantly reduce demand and cost
- Because many of the determinants of health and well being, and the demand for health and care services, are found in the council and other partners – housing, work, safe communities, social connectedness, air quality
- Because we need to join health and care services together – it gives a better service to patients/residents, and it is a precondition for spotting opportunities to prevent poor future poor health
- Because we need to support patients/residents to be in control, and not only look at them from our own individual organisational perspective
- Because Bury residents access hospital services across other boroughs and so we need to have a shared view of how to transform those

So we are creating the conditions for us to work as effectively as possible as a system

- Joint appointments between Council and CCG – two organisations working as one in the place
- Joined up commissioning - Strategic Commissioning Board – clinical and political leadership having a single view of the money available - pooled, aligned and in view
- Joined up provision of out of hospital services – the Bury Local Care Organisation
- Building strong relationships with care providers in the borough – part of the system not outside of it
- Part of the Greater Manchester arrangements – particularly important in relation to the reconfiguration of some hospital services to be clinically and financially viable.
- Working with Oldham, Rochdale and Salford, because the hospital services most of Bury residents access are organised by a hospital trust on that footprint.
- Making a clear strategic alignment between the health and care transformation programme and the emergent Bury 2030 vision

Our partnership system in Bury is complicated...



Briefly...

- The System Board has all partners on it – intended to drive strategy and transformation and shared commitment to the work.
- The Strategic Commissioning Board has to make decisions about the priorities and the money available (NB some decisions are out of scope of the SCB formally but we still seek consensus)
- The Health and Well Being board will really focus on the wider population health system
- The Local Care Organisation board will drive the joined up services in out of hospital service
- We are connected to GM wide partners and NE Sector partners particularly around hospital service transformation

The SCB particularly

.....makes decision on a pooled budget, has a consensus on the aligned budget, and notes the in view budget

S75 POOLED BUDGET £312m

- All CCG healthcare allowed per legislation
 - Community Services
 - Mental Health and LD services
 - Acute non-surgical services
 - CHC and Intermediate Care
 - Primary care services (Prescribing & LES)
- Transformation and Better Care funded services
- Adult social care expenditure
- Care in the community budgets
- Public Health budgets
- All health and care related children's services
- CCG staffing budgets
- Council commissioning staff budgets

ALIGNED BUDGET £139m

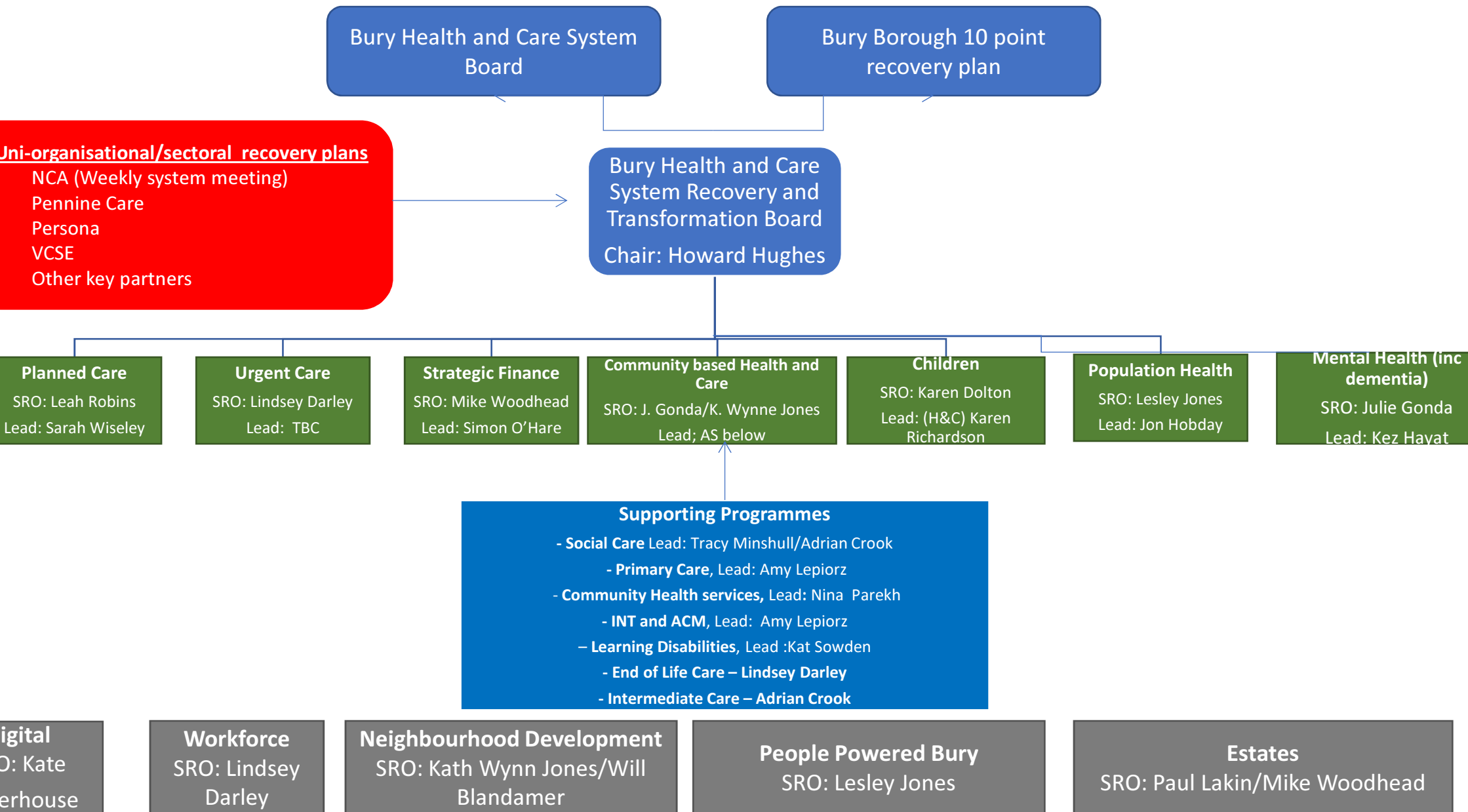
- Cannot be pooled
 - Acute surgical services
 - Primary Medical Services
 - Adoption & fostering services
 - Accommodation of children
 - Charging of accommodation and recovery of client costs.
- Could be pooled but recommended for alignment
 - Reserves
 - All Council directorates outside Adult Social Care, Children's Social Care and Public Health (excludes DSG and HRA)

Σ
£490m

IN VIEW BUDGET £38m

- GP Core Contract
- Emergency Ambulance Services
- Central Drugs

Health and Care Recovery and Transformation Programme Structure

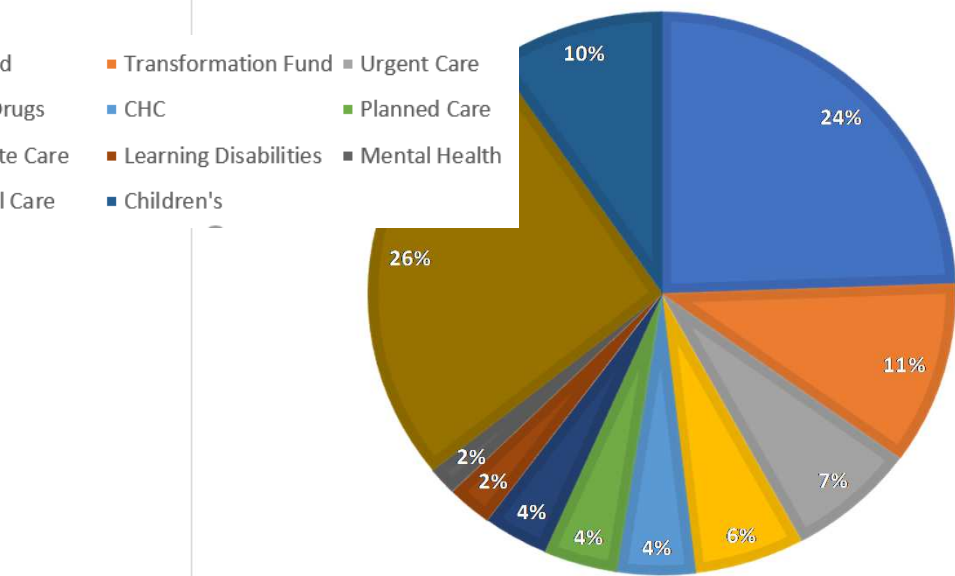


2020/21 savings plans pre COVID mapped to work programmes

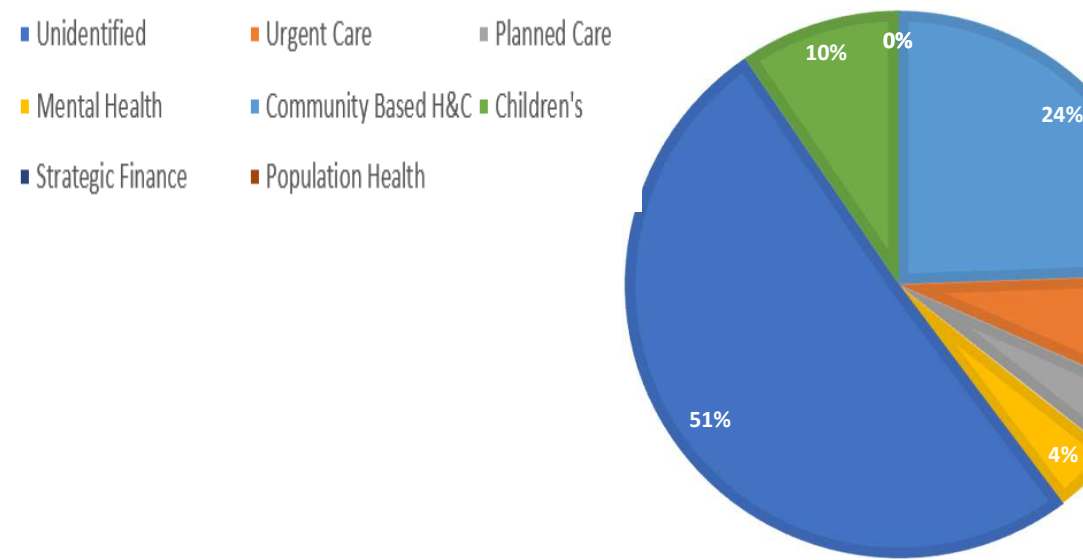
Original		
Savings	CCG	LA
Unidentified	£3,425	
Transformation Fund	£1,474	
Urgent Care	£1,000	
Prescribing & HCD	£855	
Community Based H&C	£600	
Intermediate Care	£570	
Transformation Fund	£500	
Learning Disabilities	£350	
Mental Health	£226	
Adult Social Care		£3,684
Children's		£1,332
Total	£9,000	£5,016

Remapped Transformation & Recovery		
QIPP / Savings	CCG	LA
Unidentified	£3,424	
Urgent Care	£1,000	£0
Planned Care	£571	£0
Mental Health	£576	£0
Community Based H&C	£3,429	£3,684
Intermediate Care	£500	
Transformation Fund	£1,474	
Prescribing & HCD	£855	
Continuing Health Care	£600	
Adult Social Care	£0	£3,684
Children's	£0	£1,332
Strategic Finance	£0	£0
Population Health	£0	£0
Total	£9,000	£5,016

2020/21 HEALTH & CARE ORIGINAL SPLIT



2020/21 HEALTH & CARE ORIGINAL REMAPPED



So you will see some big issues coming forward from our recovery and transformation programme

- Urgent care system reform – e.g. alternatives to attending A&E, and reduction of unplanned admissions to hospital, urgent care by appointment
- Planned care system reform – e.g. different ways of delivering outpatient services
- Community Based services – focus on neighbourhoods
 - Intermediate care – i.e. care support to support people to recover or to stay out of institutional care
 - Community
 - Changing nature of primary care (GP and others)
 - Learning Disabilities service transformation (all age and integrated)
 - End of Life Care
- Children's Health and Care Commissioning (e.g. SEND)
- Mental Health (e.g. children's and young people mental health)
- Population health – wider determinants, lifestyle issues, community connections,

....and some of these may be challengi

Key principles

From

Organisational silos
Deficit based
Passive recipients of services
Institutional based care
Crisis Response
Reactive
Episodic events
Treating illness

To

- Residents as active participants in their health – in control
- Promoting wellness
- Joined up/integrated services
- Focused on prevention and early intervention
- Proactive rather than reactive
- Integrated pathways
- Community rather than institutional care
- Neighborhood working as ‘the currency of interaction’.
- Reducing health inequalities
- Recognising the assets of individuals and communities

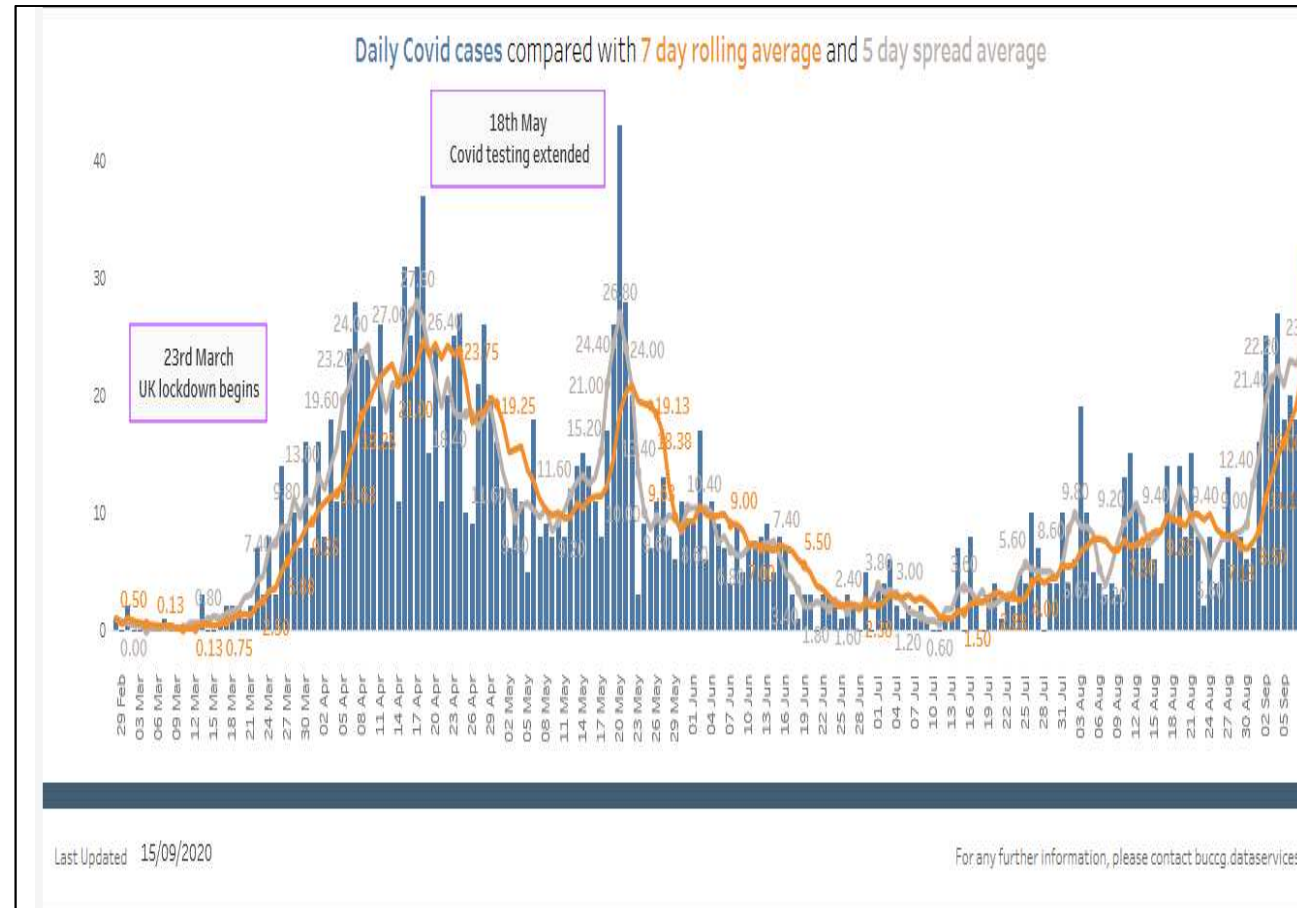
... and delivering cashable/realisable savings

HS Service Phase 3 planning guidance

Phase 3 guidance

standing up NHS services to pre-covid levels
preparing for winter
G configuration

ect to COVID 19 epi-curve.



Questions and Comments?