

CSIP NETWORKS DARZI INFORMATION SHEET 1

Integration and Commissioning Implications

Introduction

This Information Sheet on Lord Darzi's review highlights the key issues around integration, commissioning and partnership working.

What is integration?

Integration is about systemisation or alignment of cultures. It requires sound leadership and operational processes. It is about delivering more and better approaches to care and health. It is commonly associated with aspirations for improved performance - through experience of front line delivery - with an emphasis upon efficiency, productivity and 'seamlessness' for people in need.

This can be characterised by detailed negotiation and discussions on accountability, risk and 'due diligence'. Sometimes this can be at the cost of failing to agree actual detailed objectives and processes for achieving a measurable set of outcomes. Thus, partnership can easily gain the reputation of being time consuming and technically difficult to achieve.

More locally integrated care approaches

The Next Stage Review offers proposals for the integration of care and organisations at the frontline of delivery to individuals within defined populations. These will operate alongside hospital, community and social care services. These new Integrated Care Organisations (ICOs) are to be piloted - with a planning meeting for Primary Care Trust (PCT) chief executives scheduled for 12 August, 2008.

Aspects of this approach have previously been explored by the Integrated Care Network (ICN) as a part of its programme on Practice Based Commissioning in Partnership and the regional conferences it organised for CSIP regions during 2007/08 (see ICN Events Archive for presentations and content).

The ICOs will be based upon personalised and responsive services for care, promising better health outcomes within a more local population.

The ICN 'Practical Guide to Integrated Working' offers a useful summary of many different approaches to integration models including putting integrated care into practice and case studies based upon whole population and GP practice level as opposed to care group needs.

The role for commissioning

A key aim of the review was to address the role of the National Health Service (NHS) in improving health. Therefore, the proposals will be aligned with the current approach to World Class Commissioning and use of Joint Strategic Needs Assessment (JSNA). There will also be further work undertaken to embed joint working across health and local government to encourage shared plans and shared priorities and - where appropriate - to pool budgets.

Alongside this, Chapter seven of the review describes how there will be greater freedom for frontline GPs, community nurses and wider primary care teams to invest in the 'upstream' interventions that will keep people healthier longer. This means among other things, a reinvigoration of Practice Based Commissioning (PBC) is promised.

Therefore, commissioners will need to consider how a balance can be struck between the strategic approach and the realignment of finances and services to allow more preventative/early intervention objectives at the level of local communities and the individuals within them. (The report emphasises the need for services to be more personalised to meet individual needs, to be of high quality and to be effective in delivery while respecting dignity and choice and - above all - to be safe. See 'Integration and Personalisation' further below).

Additionally, a key challenge for commissioning change through the out-of-hospital sector is the lack of tariff or Payment by Results (PbR) to guide costing for mental health and community services. In response, a national pricing framework for mental health services will be introduced that will help to support benchmarking and good commissioning. This will be of interest to existing 'Partnership Trust' and those with Lead Commissioning arrangements.

There will also be a move away from block contracting funding for community services and a quality framework for community services is to be tested.

Finally, partnership within the NHS and across the sectors is emphasised and described variously as being possible between NHS providers, PCTs and their own provider arms, with third sector hospitals and the private sector. They could be across education and within the primary care setting.

A recent paper published by the Health Services Management Centre at the University of Birmingham, shortly before the Next Stage Review, "*Altogether Now, Policy Options for Integrating Care*", captures many of the possible options for the NHS and other partnerships¹.

Integration and personalisation

The report points out that experience with Direct Payments and Individual Budgets in social care has shown the benefits of giving people greater say over how public resources are used to provide their individual care. Here it offers a plan to:

- ➔ Pilot personal health budgets from 2009 (*ICN with 'in Control' has also recently launched a programme involving 29 PCTs and their local authorities with a history of partnership*)
- ➔ Pilot direct payments for NHS responsibilities where this makes sense for individual patients
- ➔ A new Patients Prospectus to provide patients with Long Term Conditions with information about choice and how to self-care in partnership with health and social care professionals.

Personalised Working

The Next Stage Review captures some essential key strands of partnership experience and provides a clear focus for improvement at the most important local level.

"No new national targets are set in this report" but rather, the direction is for:

'...a more personalised NHS, responsive to each of us as individuals, focused on prevention, better equipped to keep us healthy and capable of giving us real control and real choices over our care and our lives'.

The document identifies important national themes of improving quality, leadership and the workforce. Additionally, the review states that it 'focuses upon what the NHS can do to improve the prevention of ill health'.

An immediate step is for every PCT to commission comprehensive wellbeing and prevention services in partnership with local authorities, with the services personalised to meet the specific needs of their local populations. This assumes a comprehensive approach to JSNA².

Other significant NHS issues of interest for local partnerships:

- ➔ Ensure that every one of the 15 million people with a Long Term Condition is offered a care plan over the next two years. This will be a PCT and local authority responsibility.
- ➔ Services designed around children and their families
- ➔ A Child and Young People's Strategy to be published in the autumn
- ➔ Planned care to be provided closer to home
- ➔ Extending mental health services in the community
- ➔ Helping to reduce unnecessary hospital readmissions through partnership
- ➔ New sources of advice on organisational options and technical matters for Community providers seeking full independence from their PCT
- ➔ A 'staff right to request' from NHS community service providers who wish to be considered for Social Enterprise status i.e. departure from their PCT and with pensions support (NHS Pensions retained for staff continuing to undertake their NHS duties within the new organisations)
- ➔ A SHA legal duty of innovation and to use innovation funds to support development
- ➔ New extended freedoms to operate locally and choose priorities for PCTs successfully achieving on health outcomes
- ➔ Acceleration of the NHS Foundation Trusts programme.

Conclusion

The Integrated Care Network and CSIP's Better Commissioning programme have long emphasised the need for more partnership and closer working between local NHS organisations, social care departments and related services such as housing and leisure services. It is pleasing to see that the groundbreaking Darzi review places such issues at the heart of the development of care services over the next decade.

About the Integrated Care Network

The ICN provides information and support to frontline NHS and Local Government organisations seeking to improve the quality of provision to users, patients and carers by integrating the planning and delivery of services.

Further useful reading and podcasts:

1. Implementing Joint Strategic Needs Assessment – *Research for DH & ICN*
<http://www.integratedcarenetwork.gov.uk/icn/index.cfm?pid=95&catalogueContentID=3524>
2. Supporting People with Long Term Conditions - *NHS & Social Care Model*
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/Browsable/DH_4100317
3. Better Outcomes for Children's Services through Joint Funding (DCSF)
<http://www.integratedcarenetwork.gov.uk/icn/index.cfm?pid=10&catalogueContentID=1923>

4. Joint planning and commissioning: effective practice case studies (DCSF)
<http://www.everychildmatters.gov.uk:80/strategy/planningandcommissioning/casestudies/>
5. Integration for Social Enterprise
http://www.integratedcarenetwork.gov.uk/library/Social_Enterprise.pdf
6. Podcasts: eg PBC in Partnership, JSNA, Dignity in Care, Readiness Tools
<http://www.integratedcarenetwork.gov.uk/betterCommissioning/index.cfm?pid=859#pod2>
7. **Now published:**
Next Stage Review: Our Vision for Primary and Community Care
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_085937

References

¹ http://www.hsmc.bham.ac.uk/news/Altogether_Now_Report.pdf

² http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_081097