Health and Wellbeing Board
Hertfordshire

Agenda Item No.

5

HERTFORDSHIRE COUNTY COUNCIL

HEALTH AND WELLBEING BOARD
28th MARCH 2014 AT 10.00 a.m.

THE PUBLIC HEALTH CONTRIBUTION TO HEALTH AND SOCIAL CARE INTEGRATION – INITIAL PROGRESS

Report of The Director of Public Health

Author: Jim McManus Tel: 01992 556884

1. Purpose of report

1.1 The report seeks to outline discussions on the public health contribution to health and social care integration, and invite contributions from members to shape direction.

1.2 This report summarises the work underway from members of the public health/health and social care integration working group, comprising:

- Jim McManus, Director of Public Health
- Chris Badger, Asst Director, Health & Social Care Integration
- David Evans, Asst Director, Health & Social Care Integration
- Shirley Regan, Head of Joint Children and Young Peoples' Commissioning
- Linda Mercy, Consultant in Public Health Medicine
- Joel Bonnet, Deputy Director of Public Health
- Raj Nagaraj, Consultant in Public Health Medicine
- Chris Barrett, Interim Asst Director of Public Health (Children)

1.3 Additional input on Childrens and other areas is being received from Louise Smith, Deputy Director of Public Health, and others.

2. Summary and Introduction

2.1 Health and Social Care Integration is a key policy driver, and is intended to deliver improvements in outcomes, improvements in efficiency and enable the system to meet the demographic and financial challenges of the future. Taking a systems view, a range of components have been previously described for programmes like the Better Care Fund, including:

- Services built around the person with a clear user and carer journey/pathway
- Use of best evidence
- Keeping people in the community where possible

2.2 We also face, however, significant challenges:

- We could do better at systematically delivering self-management for patients with long term conditions
- Developing a system wide approach which works
- Understanding what works and what is likely to be effective
- A strategic shift to prevention including movement from hospital

2.3 For example, in order to increase the number of patients being cared for outside hospital, we will need to increase systematically the clinical complexity and scope of primary and community care settings. For this to happen, we will need to systematically free up time in primary care by developing population level self-management approaches for long term conditions and ensuring that health and social care teams can do more for patients in the community, in order to make the system work.

2.4 Partners are understandably seeking high impact interventions to enable this to happen, ensure that health and social care integration is effective, ensure that resource is well spent, and achieve these challenging outcomes.

2.5 This paper outlines the work which County Council (Health and Community Services, Childrens Services, Public Health) and Clinical Commissioning Group colleagues have initiated on identifying how Public Health can play its role effectively in Health and Social Care Integration.

3. Recommendation

The Health and Wellbeing Board should:

i) note the contents of this report
ii) discuss the concepts and proposals
ii) endorse the work being taken forward

4. Conceptualising the role of public health and the commissioning cycle

4.1 Public Health is often conceptualised as working across three domains of activity and these have been adopted in the Hertfordshire Public Health Strategy:

i) Health Improvement – improving the health status of the population including wellbeing

ii) Health Protection – protecting the population from threats to its health

iii) Service Quality – often also called Healthcare Public Health, this is focused on ensuring the commissioners of care understand the needs of the population, identify effective interventions and implement them in a way which works.

4.2 The Service Quality domain has statutory force in terms of a statutory duty on Public Health to provide support through advice and guidance to the NHS CCGs.

4.3 These three domains provide a significant opportunity for Public Health to play its part in Health and Social Care Integration. The opportunity is to ensure that work across the three domains considers how it can be done in a way that supports health and social care integration agendas. At a high level this looks like:

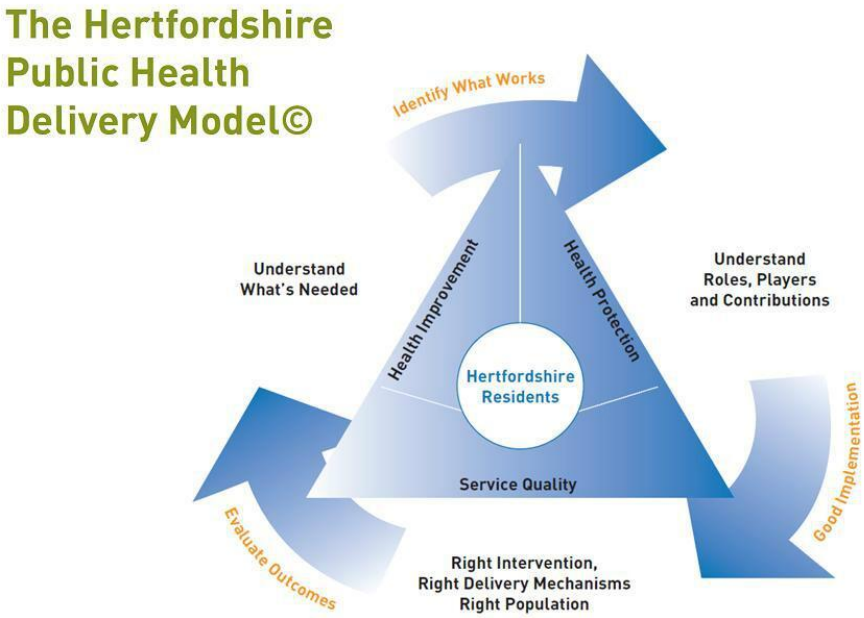
iv) **Health Improvement** – commissioning public health services in such a way that they support integration (Example. ensuring joined up pathways for exercise referral include secondary prevention and rehabilitation in the community.) (Example: developing psychological approaches to self-management and rolling these out.)

v) **Health Protection** – ensuring robust infection control in residential care, ensuring our population is effectively covered by screening, immunisation and vaccination to reduce the burden of avoidable disease on health and social care systems including staff seasonal 'flu vaccination

vi) **Service Quality** – provide effective needs analyses for commissioners, provide advice on effective interventions and where evidence is silent provide advice on what interventions are likely to be effective, support development of outcome and evaluations.

4.4 For Public Health we have conceptualised a cycle of public health delivery which is shown below. This has been developed by using the approach described since 2012 and it is suggested that this provides a useful conceptual tool for understanding the public health role both in its direct commissioning function (e.g. effective commissioning of drugs and alcohol services) and in it supporting function (supporting commissioners in effective mental health commissioning, for example.)

Figure 1:



© Copyright, 2013. Hertfordshire County Council

4.5 From this come some high impact tasks for Public Health in supporting health and social care integration:

1. Providing analyses of data which combine epidemiology with analysis of system and patient data to produce intelligence on patient flows, pressure points, rates and issues

2. From the analyses identify the system and patient population issues causing most challenge to health and social care integration, and keeping people out of hospital

3. Search and appraise evidence to identify possible candidates for commissioning to address these

4. Where evidence is silent, support the development of interventions likely to work from existing theory and evidence

5. Support development and implementation of pathways

6. Commission public health services (e.g. weight management) in such a way that they contribute to the integration and out of hospital agenda

7. Work to develop predictive models and tools to enable clinicians and commissioners to identify those most likely to experience avoidable hospital episodes

8. Identifying the five most important things each CCG locality can do in its commissioning strategy (this is currently underway.)

5. Work done to date

5.1 Work is already underway on supporting health and social integration, and a working group between HCS, Childrens' Services, CCGs and Public Health has been established.

5.2 Work is also underway to appoint a dedicated Asst Director/Consultant in Public Health to lead for Public Health on Health and Social Care Integration working on this agenda across NHS and Local Authority boundaries.

Stage of PH Delivery Model	**Examples of work underway** ***More needs to be done and we have the opportunity to be more systematic***
Understand what's needed	• JSNA • Detailed needs assessments on themes (e.g. mental health underway)
Identify what works	• Evidence review • "best buy" interventions (see below) • Prior Approval and IFR support
Understand players, roles contributions	• A working group between CCGs, Children, HCS and Public Health has been convened on Health and Social Care Integration
Good implementation	• Developing behavioural science programme (developing interventions to roll out for self-management) • Working group to help ensure intervention fidelity
Right intervention, right	• Public health contribution to commissioning plans • Locality profiles

delivery mechanisms	• Health outcomes profile • Kicking off the co-production work • Behaviour change etc training • Sexual health transformation • Health check improvement programme and developing services to enable GPs to refer people at risk • Pathway development (Obesity)
Evaluate outcomes	• Helping develop outcomes before commissioning starts for programmes

6. Progress so far on what is likely to work in integration

6.1 The working group set out to answer the following questions

1. What interventions will have the highest impact in integrating health and social care?

2. What interventions will help keep and manage older people with multiple health problems in the community?

3. What interventions will help keep adults with long term conditions in the community?

6.2 We identify in some more detail the public health role in section 4 below.

6.3 We have chosen interventions which, from the available evidence, seem to be effective or show promise at integrating health and social care. The evidence for most of these interventions is of low quality because randomized designs are not common in social care. These interventions have been selected based on review of existing evidence and using the model of evidence appraisal suggested in the Kelly et al 2013 paper on a deductive model for public health[1]

6.4 There is good evidence for lifestyle management and also for assertive clinical management of risk factors such as hypertension in primary care. There is also good evidence for cardiac rehabilitation, falls prevention and stroke pathways.

6.5 An area which needs significant further investigation is competencies and skills in staff across NHS, social care, independent and third sector. There is some evidence to suggest that staff with these skill sets do better in keeping people in the community:

- Problem solving approaches
- Hybridisation of skills (e.g. social care staff who can do some basic clinical procedures)
- Supporting and motivating people effectively to cope, self-manage and develop skills and strategies for this
- These need to be supported by pathways wherever possible

[1] A.J. Fischer, A. Threlfall, S. Meah, R. Cookson, H. Rutter, and M.P. Kelly. The appraisal of public health interventions: an overview J Public Health (2013) 35 (4): 488-494 first published online August 29, 2013

7. The Interventions lists so far to support effective integration

7.1 Based on our discussions and early searches of evidence and experience from elsewhere, our lists of suggested high impact interventions to support health and social care are below. We are still working on these and will develop these further.

Children and Young People (this section of work is being reviewed at the time of writing and a finalised list is expected by April)

Topic	**High Impact Action**	*A further column providing the evidence citations or basis of judgement will be placed here*
Healthy Start	Integrated early years framework	
Mental Health	Tier 1 CAMHS offer	
	Tier 2 CAMHS pathway and system	
	Whole system CAMHS pathway	
Physical Health		
Learning disabilities and Autism		
Physical disabilities		
Complex Physical and mental health		

Adults with Long Term Conditions and Older People

Topic	**High Impact Action**	**Evidence**
Early preventive work in newly diagnosed and those with established disease	Pathways in newly diagnosed and existing diagnosed for healthy lifestyles (physical activity, smoking cessation, weight management) combined with self management training and clinical management of diagnosed disease	*A further column providing the evidence citations or basis of judgement will be placed here*
System pressure points / areas where practice could reduce avoidable admissions	Individual care plans for people with history of repeat admissions before they go into hospital	
	Predictive modelling of those whose risk factors indicates repeat admissions likely	
	Aggressive management of clinical risk factors and care plans of those whom predictive modelling has suggested are likely to be repeat admissions	
	Structured management guidelines and pathways in residential and nursing care to	

	avoid emergency calls unless necessary	
	Better management of common UTIs and dehydration in residential and nursing care to avoid hospital admissions	
	Structured and early discharge planning	
	Care home review team to put in place plans to prevent re-admission	
	Better use of voluntary sector in home from hospital and out of hours	
Stroke	Stroke pathway including early supported discharge	
Self-Management and Resilience	Self management and resilience for all patients but **especially** those with asthma and COPD	
Cardiac care	Cardiac rehabilitation pathway phases 1 – 4 including in community	
	Aggressive management of clinical risk factors in highest 10% of repeat admissions across all long term conditions	

Older Adults

Topic	**High Impact Action**	**Evidence**
Preventing admissions	Falls prevention – multi factorial assessment and early intervention	*A further column providing the evidence citations or basis of judgement will be placed here*
	Self management and health improvement (diet, basic exercise, social contact) in older people at risk of re-admission based on analysis of factors	
	Assistive technology – telecare and teleheath	
	Virtual wards and step up beds	
Moving people from admission into their own home and reducing likelihood of re-admission	Virtual Wards	
	Community geriatrician and enhanced dementia support	
	Multi- Agency care	
	Structured discharge plans	
	Self-Management and resilience	
	Care home review team to put in place assertive management strategies in care homes to prevent admissions	
	Increased provision of step up beds	

8. The Interventions lists we will work on next

8.1 We will commence work on the lists below in March and April 2014.

Adults with Mental Health Problems
(We are working with UCL Partners on this currently and a multi-agency initiation meeting was held in March 2014.)

Topic	High Impact Action	Evidence

Adults with Learning Disabilities

Topic	High Impact Action	Evidence

9.0 Background

Report signed off by	Health and Social Care Integration Working Group
Sponsoring HWB Member/s	Jim McManus, Director of Public Health, HCC
Hertfordshire HWB Strategy priorities supported by this report	• Better Care Fund - Health and Social Care Integration • Promoting Independence Priorities • Flourishing Communities Priorities
Needs assessment The JSNA has identified that Health and Social Care Integration is a significant priority for Hertfordshire and this work is about identifying the Public Health role in supporting this.	
Consultation/public involvement The public consultation and involvement already underway for the Better Care Fund and Health and Social Care Integration will be the consultation process for this work.	
Equality and diversity implications There are no Equality and diversity implications beyond those already considered for the Better Care Fund. This programme of work will support improved equality and access.	
Acronyms or terms used	
Initials	In full
HWB	Health and Wellbeing
HWBB	Health and Wellbeing Board
CCG	Clinical Commissioning Group
HCS	Health and Community Services
JSNA	Joint Strategic Needs Assessment
CAMHS	Children and Adolescent Mental Health Services
UTIs	Urinary Tract Infections
COPD	Chronic Obstructive Pulmonary Disease
UCL	University College London